

Division of Health Care Finance and Policy

FY01 Inpatient Hospital Case Mix and Charge Database Documentation Manual

July 2002



ADDENDUM TO THE FY2001 YEAR-END HOSPITAL DISCHARGE DATABASE

In July 2003, Mount Auburn hospital notified the Division of discrepancies in charges reported on its data for Quarters 1 & 2.

Mt. Auburn's prior (July 2002) final verification response was an "A".

Please see newly inserted pages 27a and 63a for further details.

SPECIAL NOTE TO USERS OF THE FY2001 YEAR-END HOSPITAL DISCHARGE DATABASE

Note 1:

Please be advised that in FY2000 race codes were updated to match the standard race values reported by hospitals to the Division. The specific race codes that are impacted by this standardization include Asian, Hispanic, Other, and Unknown. See page 21 for more details.

Note 2:

Users should make sure that they are working from the most current FY01 version (dated August 2002). The Division of Healthcare Finance and Policy discovered a problem with the APR-Version 15 Diagnostic Related Grouper fields Patient Severity and Patient Mortality on the initial FY01 release that has since been rectified. All other Grouper fields are correct. The FY01 HDD version dated August 2002 contains the corrected APR grouper variables.

**FISCAL YEAR 2001
HOSPITAL DISCHARGE DATA BASE**

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General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

INTRODUCTION

This documentation manual consists of two sections, General Documentation and Technical Documentation. This documentation manual is for use with the HDD FY2001 database.

Please Note:

This is the final documentation (July 2002) for the FY2001 database. Preliminary FY01 documentation was released in June 2002. However, the final documentation was held open until July 2002 to give hospitals ample time to verify their data.

Section I. General Documentation

The General Documentation for the fiscal year 2001 Hospital Discharge Data Base includes background on its development and the DRG Groupers, and is intended to provide users with an understanding of the data quality issues connected with the data elements they may decide to examine. This document contains hospital-reported discrepancies received in response to the data verification report process. It also includes supplements listing the hospitals within the database and information on mergers, name changes, closures, conversions, and non-acute care hospitals.

Section II. Technical Documentation

The **Technical Documentation** (contained on **yellow paper** at the rear of this manual) includes information on the fields calculated by the Division of Health Care Finance and Policy (DHCFP), and a data file summary section describing the hospital data that is contained in the file. The data file section contains the Discharge File Table (formerly the Record Layout), Revenue File Table, and Data Code Tables. Also included are revenue code mappings, and alphabetical and numerical payer source lists.

For your reference, **CD Specifications** are listed in the following section to provide the necessary information to enable users to access files.

Users of this database should also be aware that regulatory changes to 114.1 CMR 17.00 went into effect on October 1, 1999 for the FY 2000 Database. As a result, certain necessary changes were made to the content and format of the data.

Copies of **Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data** and **Regulation 114.5 CMR 2.00: Disclosure of Hospital Case Mix and Charge Data** may be obtained by logging on to the Division's web site at <http://www.mass.gov/dhcfp/>, or for a fee by faxing a request to the Division at (617) 727-3054, Attention: Public Information Officer.

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CD SPECIFICATIONS

Hardware Requirements:

- * CD ROM Device
- * Hard Drive with 1.60 GB of space available.

CD Contents:

* This CD contains the “Final / Full Year” Hospital Inpatient Discharge Data Product. It contains two Microsoft Access data base (mdb) files. The first file is the Discharge Table and contains one record per discharge. The second file is the Revenue Code Table that contains one record per revenue code reported for each discharge. The ProviderControlID and DischargeID are key fields on both tables to be utilized for linkage purposes.

As an approved applicant, or its agent, you are reminded that you are bound by your application and confidentiality agreement to secure this data in a sufficient manner, so as to protect the confidentiality of the data subjects.

File Naming Conventions:

This CD contains self-extracting compressed files, using the file-naming convention below.

- a) “Hosp_Inpatient_Discharge_FIPA_2001_L1_zipped.exe” will expand out to
“Hosp_Inpatient_Discharge_FIPA_2001_L1.mdb”
- b) “Hosp_Inpatient_Services_FIPA_2001_zipped.exe” will expand out to
“Hosp_Inpatient_Services_FIPA_2001.mdb”

In the above examples – 2001 represents Hospital Fiscal Year 2001
L1 represents Level 1

To extract data from the CD and put it on your hard drive, select the CD file you need and double click on it. You will be prompted to enter the name of the target destination.

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Fiscal Year 2001 Hospital Discharge Data Base**

SECTION I. GENERAL DOCUMENTATION

PART A. BACKGROUND INFORMATION

1. General Documentation Overview
2. Quarterly Reporting Periods
3. Development of the FY 2001 Data Base
4. DRG Grouper Methodology

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART A. BACKGROUND INFORMATION

1. GENERAL DOCUMENTATION OVERVIEW

The General Documentation consists of six sections:

PART A. BACKGROUND INFORMATION: Provides information on the development of the FY 2001 hospital case mix data base, and the DRG methodology used.

PART B. DATA: Describes the basic data quality standards as contained in *Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data*, some general data definitions, general data caveats, and information on specific data elements.

Case mix data plays a vital and growing role in health care research and analysis. To ensure the data base is as accurate as possible, the DHCFP strongly encourages hospitals to verify their data. A standard *Verification Report Response Form* is issued by the Division, and is used by each hospital to verify the accuracy of the data as it appears on their *FY 2001 Final Casemix Verification Report*, or to certify that a hospital found discrepancies in its data. If a hospital finds data discrepancies, the DHCFP requests that the hospital submit written corrections that provide an accurate profile of that hospital's 2001 discharges. Part C of the documentation displays hospital response sheets.

PART C. HOSPITAL RESPONSES: Details hospital responses received *as of July 12, 2002*, as a result of the data verification process. From this section users can also learn which hospitals did not verify their data. This section contains the following lists and charts:

1. Summary of Hospitals' FY 2001 Case Mix Verification Report Responses
2. List of Error Categories
3. Summary of Reported Discrepancies by Category
4. Index of Hospitals Reporting Discrepancies
5. Individual Hospital Discrepancy Documentation

PART D. CAUTIONARY USE HOSPITALS: Lists the hospitals for which the Division did not receive four (4) quarters of acceptable data, as specified under Regulation 114.1 CMR 17.00.

PART E. HOSPITALS SUBMITTING DATA: Lists all hospitals submitting data for FY 2001, and those which failed to provide any FY 2001 data. Also lists hospital discharge and charge totals by quarter for data submissions.

PART F. SUPPLEMENTARY INFORMATION: Provides Supplements I through IV listed in the Table of Contents. Contains specific information on types of errors, hospital locations, and identification numbers, as well as on substantial changes to submitting hospitals.

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Fiscal Year 2001 Hospital Discharge Data Base

PART A. BACKGROUND INFORMATION

2. QUARTERLY REPORTING PERIODS

All Massachusetts acute care hospitals are required to file case-mix data which describes various characteristics of their patient population, as well as the charges for services provided to their patients in accordance with Regulation 114.1 CMR 17.00. Discharge data must be filed for the following time periods:

QUARTER 1 -- OCTOBER 1, 2000 through DECEMBER 31, 2000

QUARTER 2 -- JANUARY 1, 2001 through MARCH 31, 2001

QUARTER 3 -- APRIL 1, 2001 through JUNE 30, 2001

QUARTER 4 -- JULY 1, 2001 through SEPTEMBER 30, 2001

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PART A. BACKGROUND INFORMATION

3. DEVELOPMENT OF THE FISCAL YEAR 2001 DATABASE

Last year, the Division embarked on a major effort to restructure its Information System that produces the Hospital Case Mix Discharge Database. Two of the Division's objectives were to improve operational efficiency as well as improve data quality of the database for data users. Improved data cleaning, integrity checks and modification to the file structure were just a few ways we worked to improve the database.

Last year's database included many significant case mix data changes that went into effect October 1, 1999. One of the many changes included year 2000 requirements that required the addition of century for all date fields. Many new data elements were also added last year, such as Secondary Source of Admission, Do Not Resuscitate, Mother's UHIN, and Mother's Medical Record (for infants). Also, several other fields were modified to capture additional information, for example, the addition of a Nurse Midwife code to the Physician License data field and expansion of diagnosis codes from 9 to 15. Further detail is provided under the Data File Contents section.

Six Fiscal Year 2001 data base levels have been created to correspond to the levels set forth in ***Regulation 114.5 CMR 2.00, "Disclosure of Hospital Case Mix and Charge Data"***. (Please note that in the past, for the lower levels of data, deniable data elements were not included in the database at all. This year, the deniable data elements will merely be suppressed). The user will have access to deniable data elements depending upon the level of data they have been approved for and as specified for the various levels below. Higher levels contain an increasing number of the data elements defined as "Deniable Data Elements" in Regulation 114.5 CMR 2.00. The deniable data elements include: medical record number, mother's medical record number, billing number, Medicaid claim certificate number (Medicaid Recipient ID number), unique health information number (UHIN), the date of admission, date of discharge, date of birth, date(s) of surgery, and the unique physician number (UPN). The six levels include:

- | | |
|------------------|--|
| LEVEL I | Contains all case mix data elements, except the deniable data elements. |
| LEVEL II | Contains all Level I data elements, plus the UPN. |
| LEVEL III | Contains all Level I data elements, plus the UHIN, the Mother's UHIN, an admission sequence number for each UHIN admission record, and may include the number of days between inpatient stays for each UHIN record. |
| LEVEL IV | Contains all Level I data elements, plus the UPN, the UHIN, the Mother's UHIN, an admission sequence number for each UHIN admission record, and may include the number of days between inpatient stays for each UHIN record. |
| LEVEL V | Contains all Level IV data elements, plus the date of admission, date of discharge, and the date(s) of surgery. |
| LEVEL VI | Contains all of the deniable data elements except the patient identifier component of the Medicaid recipient ID number. |

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PART A. BACKGROUND INFORMATION

4. DRG GROUPERS

All Patient DRG Groupers (3M AP-DRG Versions 12.0, 14.1, 18.0)

All Patient Refined DRG Grouper (3M-APR-DRG Version 15.0)

Beginning in October 1991, the DHCFP began using 3M's All-Patient Grouper Version 8.1 (mainframe) to classify all patient discharges for hospital's profiles of discharges and for the yearly database. This change in the grouping methodology was made because the All-Patient DRG better represented the general population and provided improvements in areas such as newborns and the HIV population. For the past several years, both the AP-DRG Version 8.1 Grouper and the AP-DRG Version 12.0 were included in the database. The purpose of providing these two groupers on the data base was to allow consistency for data users of previously released data bases that contain the AP-V8.1 and AP-V12.0.

As of fiscal year-end 2001, the Division will use 3M's AP-DRG V12.0, V14.1, and V18.0 groupers with the database. AP-DRG Version 8.1 has been discontinued and the most current 3M AP-DRG Version 18.0 Grouper has been added to the database. Hospitals were reviewed for verification using the AP-V12.0, V14.1, and V18.0 Groupers.

The Version 12.0, and 14.1, and 18.0 All Patient-DRG methodology is not totally congruent with the ICD-9-CM procedure and diagnosis codes in effect for this fiscal year. Therefore it was necessary to convert some ICD-9-CM codes to those acceptable to these groupers. The DHCFP mapped the applicable ICD-9-CM codes into a clinically representative code using the historical mapper utility provided by 3M Health Information Systems. This conversion was done internally for the purpose of DRG assignment and in no way alters the original ICD-9-CM codes that appear on the database. These codes remain on the database as they were reported by the hospital.

There are several birth weight options within the 3M Grouper software for determining newborn DRG assignment. Option 5, which determines the newborn DRG by inferring the birth weight from the ICD-9 code, is used as the birth weight option in implementations of groupers V12.0, V14.1, and 18.0.

DRGs and the Verification Report Process

The hospital's profile of discharges, grouped by AP-DRG 12.0, AP-DRG 14.1, and AP-DRG 18.0, is part of the verification report and it is this grouped profile on which the hospitals commented.

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PART A. BACKGROUND INFORMATION

DRG Groupers Continued

All Patient Refined Grouper (3M APR-DRG 15.0)

As of FY 1997, the All Patient Refined DRGs V12.0 were added to the Hospital Discharge Data Base. The All Patient Refined DRGs (3M APR-DRG) are a severity/risk adjusted classification system that provide a more effective means of adjusting for patient differences. APR-Version 15.0 is the most current and year-2000 compliant version of the APR grouper. This version (V15.0) has replaced the previously used APR V12 for grouping the HDD inpatient data.

The 3M APR-DRGs expand the basic DRG structure by adding four subclasses to each DRG. The addition of the four subclasses address patient differences relating to severity of illness and risk of mortality. Severity of illness and risk of mortality relate to distinct patient attributes. Severity of illness relates to the extent of physiologic decompensation or organ system loss of function experienced by the patient, while risk of mortality relates to the likelihood of dying. For example, a patient with acute cholecystitis as the only secondary diagnosis is considered a major severity of illness but a minor risk of mortality. The severity of illness is major since there is significant organ system loss of function associated with acute cholecystitis. However, it is unlikely that the acute cholecystitis alone will result in patient mortality and thus, the risk of mortality for this patient is minor. If additional diagnoses are present along with the acute cholecystitis, patient severity of illness and risk of mortality may increase. For example, if peritonitis is present along with the acute cholecystitis, the patient is considered an extreme severity of illness and a major risk of mortality.

Since severity of illness and risk of mortality are distinct patient attributes, separate subclasses are assigned to a patient for severity of illness and risk of mortality. Thus, in the APR-DRG system a patient is assigned three distinct descriptors:

- The base APR-DRG (e.g APR-DRG 194 - Heart Failure or APR-DRG 440 - Kidney Transplant)
- The severity of illness subclass
- The risk of mortality subclass

The four severity of illness subclasses and the four risk of mortality subclasses are numbered sequentially from 1 to 4 indicating respectively, minor, moderate, major or extreme severity of illness or risk of mortality.

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PART A. BACKGROUND INFORMATION

DRG Groupers:

All Patient Refined Grouper V. 15.0 Continued

The Division's FY 2001 Discharge Database contains the **APR - DRG 15.0, the APR - MDC 15.0, the severity subclass, and mortality subclass**. For applications such as evaluating resource use or establishing patient care guidelines, the 3M APR-DRGs in conjunction with severity of illness subclass is used. The severity subclass data can be found in the Discharge File Table summary in the variable named **"APR- V15 Severity Level"**.¹ For evaluating patient mortality, the 3M APR-DRG in conjunction with the risk of mortality subclass is used. The mortality subclass data can be found in the Discharge File Table in the variable named **"APR- V15 Mortality Level"**.

All three groupers, versions 12.0, 14.1, 18.0, and the All Patient Refined Version 15.0 are included in the FY2001 Hospital Discharge Data Base.

Please note that the Division maintains listings of the DRG numbers and associated descriptions for the three DRG Groupers included in this database. These are available upon request.

¹ Massachusetts-specific cost weights were developed for the All Patient Refined DRG Grouper (Version 12.0) and may be utilized with the information contained in this database.

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PART B. DATA

1. Data Quality Standards
 2. General Definitions
 3. General Data Caveats
 4. Specific Data Elements
-

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Fiscal Year 2001 Hospital Discharge Data Base

PART B. DATA

1. DATA QUALITY STANDARDS

The Case Mix Requirement Regulation 114.1 CMR 17.00 requires hospitals to submit case mix and charge data to the Division 75 days or more after each quarter. The quarterly data is edited for compliance with regulatory requirements, as specified in ***Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data***, using a **one percent** error rate. The one percent error rate is based on the presence of type A and type B errors as follows:

Type A:	One error per discharge causes rejection of discharge.
Type B:	Two errors per discharge causes rejection of discharge.

If one percent or more of the discharges are rejected, the entire tape submission is rejected by the DHCFP. These edits primarily check for valid codes, correct formatting, and presence of required data elements. Please see Supplement I for a listing of data elements categorized by error type.

Each hospital receives a quarterly error report displaying invalid discharge information. Quarterly data which does not meet the one percent compliance standard must be resubmitted by the individual hospital until the standard is met.

Verification Report Process

The verification process is intended to present hospitals with a profile of their individual data as reported and retained by the Division. The purpose of this process is to function as a quality control measure for hospitals. It allows the hospitals the opportunity to review the data they have provided to the Division and affirm its accuracy. The Verification Report itself is a series of frequency reports covering selected data elements including the number of discharges, amount of charges by accommodation and ancillary center, and listing of Diagnostic Related Groups (DRGs). Please refer to Supplement II for a description of the Verification Report contents.

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PART B. DATA

Data Quality Standards:

Verification Report Process Continued

The Verification Report is produced after a hospital has successfully submitted the four quarters of data. The hospital is then asked to review and verify the data contained within the report. Hospitals need to affirm to the Division that the data reported is accurate or to identify any discrepancies. All hospitals are strongly encouraged to closely review their report for inaccuracies and to make corrections so that subsequent quarters of data will be accurate. Hospitals are then asked to certify the accuracy of their data by completing a **Case-Mix Verification Report Response Form**.

The Verification Report Response Form allows for two types of responses as follows:

“A” Response: By checking this category, a hospital indicates its agreement that the data appearing on the Verification Report is accurate and that it represents the hospital’s case mix profile.

“B” Response: By checking this category, a hospital indicates that the data on the report is accurate except for discrepancies noted.

If any data discrepancies exist, (e.g a “B” response), the Division requests that hospitals provide written explanations of the discrepancies, so that they may be included in this General Documentation Manual.

The past several years, the Division has also provided an Interim Verification Report for hospitals to review prior to the production of an Interim Hospital Discharge Database release. The hospitals’ review and response follows the same procedures as at year-end. Please note that there was no Interim Verification Report and no Interim HDD release for FY2001.

Note: The verification reports are available for review. Please direct requests to the attention of Public Information Officer at public.information@state.ma.us or by facsimile to fax#617-727-3054.

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PART B. DATA

2. GENERAL DEFINITIONS

Before turning to a description of the specific data elements, several basic definitions (as contained in *Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data*) should be noted.

Case Mix Data

Case specific, diagnostic discharge data which includes both clinical data such as medical reason for admission, treatment and services provided to the patient, and duration and status of the patient's stay in the hospital; and socio-demographic data such as sex, race, expected payer, and patient zip code.

Charge Data

The full, undiscounted total and service specific charges billed by the hospital to the general public.

Ancillary Services

The services and their definitions as specified in the DHCFP **Hospital Uniform Reporting Manual** (HURM) s. 3243, promulgated under 114.1 CMR 4.00. Reporting codes are defined in 114.1 CMR 17.06 (2)(c), and include physical therapy, laboratory, and respiratory services.

Routine Services

The services and their definitions as specified in the DHCFP's HURM s. 3241, promulgated under 114.1 CMR 4.00. Reporting codes are defined in 114.1 CMR 17.06(2)(a) and include medical/surgical, obstetrics and pediatrics.

Special Care Units

The units which provide patient care of a more intensive nature than provided to the usual medical, obstetrical, or pediatric patient. These units are staffed with specially trained nursing personnel, and contain monitoring and specialized support equipment for patients who require intense, comprehensive care.

Leave of Absence Days

The number of days of a patient's absence during a hospital stay, with physician approval, but without formal discharge and readmission to the facility.

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PART B. DATA

3. GENERAL DATA CAVEATS

The following general caveats have been developed from the Division's "Case Mix Data Advisory Group", staff members at the Massachusetts Hospital Association (MHA), the Massachusetts Health Data Consortium (MHDC), and the numerous admitting, medical record, financial, administrative and data processing personnel who call to comment on the Division's procedural requirements.

Information may not be entirely consistent from hospital to hospital due to differences in:

- ◆ Collection and verification of patient supplied information before or at admission;
- ◆ Medical record coding, consistency and/or completeness;
- ◆ Extent of hospital data processing capabilities;
- ◆ Flexibility of hospital data processing systems;
- ◆ Varying degrees of commitment to quality of merged case mix and charge data;
- ◆ Capacity of financial processing system to record late occurring charges on the Division of Health Care Finance and Policy's tape;
- ◆ Non-comparability of data collection and reporting.

Case Mix Data

In general terms, the case mix data is derived from patient discharge summaries, which can be traced to information gathered upon admission, or from information entered by admitting and attending physicians into the medical record. The quality of the case mix data is dependent upon hospital data collection policies and coding practices of the medical record staff, as well as the DRG optimizing software used by the hospital.

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PART B. DATA

General Data Caveats Continued

Charge Data

Issues to consider with the charge data: A few hospitals do not have the capacity to add late occurring charges to their tape within the present time frames for submitting data. In some hospitals, "days billed" or "accommodation charges" may not equal the length of the patient's stay in the hospital. One should note that charges are a reflection of the hospital's pricing strategy, and may not be indicative of the cost of patient care delivery.

Expanded Data Elements

Care should also be used when examining data elements that have been expanded, especially when analyzing multi-year trends. In order to maintain consistency across years, it may be necessary to merge some of the expanded codes. For example, the Patient Disposition codes were expanded as of January 1, 1994 to include a new code for "Discharged/transferred to rehab hospital". Prior to this quarter, these discharges would have been reported under the code "Discharged/transferred to chronic or rehab hospital" which itself was changed to "Discharged/transferred to chronic hospital." If performing an examination of these codes across years, one will need to combine the "rehab" and "chronic" codes in the data beginning January 1, 1994.

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PART B. DATA

4. SPECIFIC DATA ELEMENTS

The purpose of the following section is to provide the user with an explanation of some of the data elements included in Regulation 114.1 CMR 17.00, and to give a sense of their reliability.

a. Existing Data Elements

DPH Hospital ID Number

The Massachusetts Department of Public Health's four-digit identification number. (See Supplement III)

Patient Race

The Division of Health Care Finance and Policy has worked with the Massachusetts Commission Against Discrimination (MCAD) in an effort to clear up misconceptions about the collection of information about patients' race. The result was the mailing of a statement from MCAD to all hospital administrators, explaining that the request for race information was strictly voluntary, and was not intended as a form of discrimination.

The accuracy of the reporting of this data element for any given hospital is difficult to ascertain. Therefore, the user should be aware that the distribution of patients for this data element may not represent an accurate grouping of the hospital's population.

Leave of Absence (LOA) Days

Hospitals are required to report these days to the Division if they are used. At present, the Division is unable to verify the use of these days if they are not reported, nor can the Division verify the number reported if a hospital does provide the information. Therefore, the user should be aware that the validity of this category relies solely on the accuracy of a given hospital's reporting practices.

Principal External Cause of Injury Code

The ICD-9-CM code categorizes the event and condition describing the principal external cause of injuries, poisonings and adverse effects.

Unique Physician Number (UPN)

The encrypted Massachusetts Board of Registration in Medicine's license number for the attending and operating physician.

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART B. DATA

Specific Data Elements:

a. Existing Data Elements Continued

Payer Codes

In January, 1994, payer information was expanded to include payer type and payer source. Payer type is the general payer category, such as HMO, Commercial or Workers' Compensation. Payer source is the specific health care coverage plan, such as Harvard Pilgrim Health Plan or Aetna Life Insurance.

Over the years, payer type and payer source codes have been further expanded and updated to reflect the current industry. Effective October 1, 1997, payer type codes started to include Point-of-Service Plan (POS) and Exclusive Provider Organization (EPO). Effective, October 1, 1999, payer type codes were updated for #21 – Commonwealth PPO to type E – PPO (formerly type C – BCBS). Also effective on this date payer source codes were expanded to include: 203 – Principal Financial Group; 204 – Christian Brothers; and 271 – Hillcrest HMO.

A complete listing of the payer types and sources can be found in this manual under the Technical Documentation, Section II, Part D and Part E.

Source of Admission

In January, 1994, three new sources of admission were added: ambulatory surgery, observation, and extramural birth (for newborns).

The codes were further expanded effective October 1, 1997, to better define each admission source. Physician referral was further clarified as “Direct Physician Referral” (versus calling a health plan for an “HMO Referral or Direct Health Plan Referral”). “Clinic Referral” was separated into “Within Hospital Clinic Referral” and “Outside Hospital Clinic Referral”. And, Emergency Room Transfer was further delineated to include “Outside Hospital Emergency Room Transfers” and “Walk-In/Self-Referrals”. (The later was added to reflect the fact that Walk-in/Self-referrals are a common source of admission in hospital emergency rooms.)

Effective October 1, 1999, the Division added a new data element, Secondary Source of Admission, as well as a new source of admission code, Transfer From Within Hospital Emergency Room. These additions are intended to accommodate those patients with two sources of admission (for example, patients transferred twice prior to being admitted.) It is important to note that the code “Transfer From Within” is intended to be used as a Secondary Source of Admission only, except in cases where the hospital is unable to determine the originating or Primary Source of Admission.

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART B. DATA

Specific Data Elements:

a. Existing Data Elements Continued

Patient Disposition

Six new discharge/transfer categories were added in January, 1994 and October, 1997.

- 1) Code 05: To another type of institution for inpatient care or referred for outpatient services to another institution
- 2) Code 08: To home under care of a Home IV Drug Therapy Provider
- 3) Code 13: To rehab hospital
- 4) Code 14: To rest home
- 5) Code 50: Discharged to Hospice – Home (added 10/1/97)
- 6) Code 51: Discharged to Hospice Medical Facility (added for 10/1/97)

Accommodation and Ancillary Revenue Codes

Accommodation and Ancillary Revenue Codes have been expanded to coincide with the current UB-92 Revenue Codes.

Effective October 1, 1997, new Accommodation Revenue codes were added for Chronic (code 192), Subacute (code 196), Transitional Care Unit (TCU) (code 197), and for Skilled Nursing Facility (SNF) (code 198).

Also, effective in 1998, Ancillary Revenue Code 760 has been separated into individual UB-92 components which include Treatment Room (code 761), Observation Room (code 762), and Other Observation Room (code 769). Please note that the required standard unit of service for codes 762 and 769 is “hours”.

Unique Health Identification Number (UHIN)

The patient's social security number is reported as a nine-digit number, which is then encrypted by the Division into a Unique Health Information Number (UHIN). Therefore, the social security number is never considered a case mix data element. Only the UHIN is considered a database element and only the encrypted number is used by the Division. Please note that per regulation 114.1 CMR 17.00, the number reported for the patient's social security number should be the patient's social security number, not the social security number of some other person, such as the husband or wife of the patient. Likewise, the social security number for the mother of a newborn should not be reported in this field, as there exists a separate field designated for the social security number of the newborn's mother.

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART B. DATA

4. SPECIFIC DATA ELEMENTS

b. New Data Elements (as of FY2000)

Effective October 1, 1999, several new data elements were added to Regulation 114.1 CMR 17.00. They are as follows.

Secondary Source of Admission

A code indicating the source referring or transferring the patient to inpatient status in the hospital. The Primary Source of Admission is the originating referring or transferring facility or primary referral source causing the patient to enter the hospital's care. The Secondary Source of Admission is the secondary referring or transferring source for the patient. For example, if the patient has been transferred from a SNF to the hospital's Clinic and is then admitted, the Primary Source of Admission is reported as "5 – Transfer from SNF" and the Secondary Source of Admission is reported as "Within Hospital Clinic Referral".

Do Not Resuscitate (DNR) Status

A status indicating that the patient had a physician order not to resuscitate or the patient had a status of receiving palliative care only. Do not resuscitate status means not to revive from potential or apparent death or that a patient was being treated with comfort measures only.

Mother's Social Security Number (for infants up to 1 year old)

The social security number of the patient's mother reported as a nine-digit number for newborns or for infants less than one year old. The mother's social security number is encrypted into a Unique Health Information Number (UHIN) and is never considered a case mix data element. Only the UHIN is considered a data base element and only this encrypted number is used by the Division.

Mother's Medical Record Number (for newborns born in the hospital)

The medical record number assigned within the hospital to the newborn's mother. This medical record number distinguishes the patient's mother and the patient's mother's hospital record(s) from all others in that institution.

Facility Site Number

A hospital determined number used to distinguish multiple sites that fall under one Massachusetts Department of Public Health (MDPH) facility number.

**General Documentation
Fiscal Year 2001 Hospital Discharge Data Base**

PART B. DATA

Specific Data Elements:

b. New Data Elements (as of FY2000) - Continued

Organization ID

A unique facility number assigned by the Division.

Associated Diagnosis 9 - 14

This data element has been expanded to allow for up to 14 diagnoses.

Nurse Midwife Code for ATT and OP MD License Field

Other Caregiver Field

The primary caregiver responsible for the patient's care other than the attending physician, operating room physician or nurse midwife as specified in the Regulation. Other caregiver includes resident, intern, nurse practitioner, and physician's assistant.

Attending, Operating and Additional Caregiver National Provider Identifier Fields:

Please note that these are not yet part of the database. They are just placeholders for when they are implemented. These data elements will be required when available on a national basis.

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART B. DATA

c. Important Note Regarding Use of Race Codes:

If you have used data in previous years, you may have noted that the Race_Code information in the Inpatient file prior to FY2000 was inconsistent with the way the data was reported to the Division. Furthermore, the Inpatient data product was inconsistent with other data products such as the Outpatient Observation data product. In FY2000, we corrected this inconsistency by standardizing the Race Code as the following table shows. Please note that to compare pre-2000 Inpatient data to current and future Inpatient data you will have to standardize using the translation table below.

The following table should be referenced when using Race Code data in all Division data products.

Race_Code	Description	Pre-2000 Inpatient FIPA Code
1	White	White
2	Black	Black
3	Asian	Other
4	Hispanic	Unknown
5	American Indian	American Indian
6	Other	Asian
9	Unknown	Hispanic

*This format is consistent across all Division data products except pre-2000 Inpatient, and is the same format as reported to the Division.

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART B. DATA

d. DHCFP Calculated Fields

Admission Sequence Number

This calculated field indicates the chronological order of admissions for patients with multiple inpatient stays. A match with the UHIN only, is used to make the determination that a patient has had multiple stays. **

Days Between UHIN Stays

This calculated field indicates the number of days between each discharge and each consecutive admission for applicable patients. Again, a match with the UHIN only, is used to make the determination that a patient has been readmitted. (Please read the comments below.) **

Analysis of the UHIN data by the Division has turned up problems with some of the reported data. For a small number of hospitals, little or no UHIN data exists as these hospitals failed to report patients' social security numbers (SSN). Other hospitals reported the same SSN repeatedly resulting in numerous admissions for one UHIN. In other cases the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother's SSN to her infant or assignment of a spouse's SSN to a patient. This demographic analysis shows a probable error rate in the range of 2% - 10%.

In the past, the DHCFP has found that, on average, 91% of the SSNs submitted are valid when edited for compliance with rules issued by the Social Security Administration. Staff continually monitor the encryption process to ensure that duplicate UHINs are not inappropriately generated, and that recurring SSNs consistently encrypt to the same UHIN. Only valid SSNs are encrypted to a UHIN; invalid SSNs are set to "-----".

**** Based on these findings, the DHCFP strongly suggests that users perform some qualitative checks of the data prior to drawing conclusions about that data.**

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART C. HOSPITAL RESPONSES

1. Summary of Hospitals' FY 2001
FINAL VERIFICATION REPORT RESPONSES
 2. List of Error Categories
 3. Summary of Reported Discrepancies by Category
 4. Index of Hospitals Reporting Data Discrepancies
 5. Individual Hospital Discrepancy Documentation
-

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART C. HOSPITAL RESPONSES

**SUMMARY OF HOSPITALS' FY 2001
FINAL VERIFICATION REPORT RESPONSES**

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2006	Anna Jaques Hospital	X			
2226	Athol Memorial Hospital	X			
2339	Baystate Medical Center			X*	See footnote.
2313	Berkshire Health Systems – Berkshire Medical Center	X			
2231	Berkshire Health Systems – Hillcrest Campus	X			
2069	Beth Israel Deaconess Medical Center	X			
2307	Boston Medical Center	X			
2921	Brigham & Women's	X			
2118	Brockton Hospital	X			
2108	Cambridge Health Alliance – Cambridge & Somerville	X			
2041	Cambridge Health Alliance - Malden Campus		X		Due to mid-year merger, Q4 data verified by CHA. Q1 & Q2 verified by Hallmark. See response comments regarding Q3.
2046	Cambridge Health Alliance - Whidden Memorial Hospital	X			Due to mid-year merger, Q4 data verified by CHA. Q1-Q3 verified by Hallmark. See CHA response comments
2135	Cape Cod Health System – Cape Cod Hospital	X			

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base
PART C. HOSPITAL RESPONSES

SUMMARY OF HOSPITALS' FY 2001
FINAL VERIFICATION REPORT RESPONSES

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2289	Cape Cod Health System – Falmouth Hospital	X			
2101	Caritas Good Samaritan Medical Center	X			
2114	Caritas Norwood Hospital	X			
2009	Caritas Southwood Hospital	X			
2003	Carney Hospital	X			
2139	Children's Hospital	X			
2155	Cooley-Dickinson Hospital	X			
2335	Dana Farber Cancer Inst.	X			
2054	Deaconess-Glover Memorial Hospital	X			
2298	Deaconess-Nashoba Community Hospital		X		Explanation received.
2067	Deaconess-Waltham Hosp.	X			
2018	Emerson Hospital	X			
2052	Fairview Hospital	X			
2048	Faulkner Hospital		X		Explanation received.
2120	Franklin Medical Center			X*	See footnote.
2038	Hallmark Health Systems – Lawrence Memorial Campus	X			

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART C. HOSPITAL RESPONSES

**SUMMARY OF HOSPITALS' FY 2001
FINAL VERIFICATION REPORT RESPONSES**

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2058	Hallmark Health Systems – Melrose-Wakefield Campus	X			
2143	Harrington Memorial Hospital		X		Explanation received.
2036	Heywood Hospital	X			
2225	Holy Family Hospital	X			
2145	Holyoke Hospital	X			
2157	Hubbard Regional Hospital	X			
2082	Jordan Hospital	X			
2091	Kindred Hospital – Boston			X	Unable to verify data
2171	Kindred Hospital – North Shore			X	Unable to verify data
2033	Lahey Clinic Hospital	X			
2099	Lawrence General Hospital	X			
2040	Lowell General Hospital	X			
2042	Martha's Vineyard Hospital	X			
2148	Mary Lane Hospital			X*	See footnote.
2167	Massachusetts Eye & Ear	X			
2168	Massachusetts General Hospital	X			

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART C. HOSPITAL RESPONSES

**SUMMARY OF HOSPITALS' FY 2001
FINAL VERIFICATION REPORT RESPONSES**

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2149	Mercy Hospital	X			
2131	Merrimack Valley Hospital	X			
2020	Metro West (Tenet) Medical Center – Framingham		X		Explanation received.
2039	Metro West (Tenet) Medical Center – Natick		X		Explanation received.
2105	Milford-Whitinsville Regional Hospital	X			
2227	Milton Hospital	X			
2022	Morton Hospital	X			
2071	Mount Auburn Hospital	X			
2044	Nantucket Cottage Hospital		X		Explanation received.
2059	New England Baptist Hospital	X			
2299	New England Medical Center		X		Unable to verify Payer and Ancillary Charges Reports. See response letter for detail.
2075	Newton-Wellesley Hospital			X*	See footnote.
2076	Noble Hospital		X		Explanation received.
2061	North Adams Regional Hospital	X			

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PART C. HOSPITAL RESPONSES

**SUMMARY OF HOSPITALS' FY 2001
FINAL VERIFICATION REPORT RESPONSES**

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2149	Mercy Hospital	X			
2131	Merrimack Valley Hospital	X			
2020	MetroWest (Tenet) Medical Center – Framingham		X		Explanation received.
2039	MetroWest (Tenet) Medical Center – Natick		X		Explanation received.
2105	Milford-Whitinsville Regional Hospital	X			
2227	Milton Hospital	X			
2022	Morton Hospital	X			
2071	Mount Auburn Hospital	X July 2002	X July 2003		Prior response was “A” as noted to the left. In July 2003, hospital notified Division of discrepancies in charges for Q1 & Q2. See page 63a for details.
2044	Nantucket Cottage Hospital		X		Explanation received.
2059	New England Baptist Hospital	X			
2299	New England Medical Center		X		Unable to verify Payer and Ancillary Charges Reports. See response letter for detail.
2075	Newton-Wellesley Hospital			X*	See footnote.
2076	Noble Hospital		X		Explanation received.
2061	North Adams Regional Hospital	X			

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART C. HOSPITAL RESPONSES

**SUMMARY OF HOSPITALS' FY 2001
FINAL VERIFICATION REPORT RESPONSES**

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2016	Northeast Health Systems – Addison Gilbert Campus	X			
2007	Northeast Health Systems – Beverly Hospital	X			
2014	North Shore Medical Center – Salem Hospital	X			
2073	North Shore Medical Center – Union Hospital	X			
2150	Providence Hospital	X			
2151	Quincy Hospital	X			
2063	Saints Memorial Med.Ctr.	X			
2337	Southcoast Health Systems Charlton Memorial	X			
2010	Southcoast Health Systems St. Luke's Hospital	X			
2106	Southcoast Health Systems Tobey Hospital	X			
2107	South Shore Hospital	X			
2011	St. Anne's Hospital	X			
2085	St. Elizabeth's Medical Center	X			

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART C. HOSPITAL RESPONSES

**SUMMARY OF HOSPITALS' FY 2001
FINAL VERIFICATION REPORT RESPONSES**

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2128	Saint Vincent Hospital		X		Explanation received.
2100	Sturdy Memorial Hospital	X			
2126	UMass. Memorial Health Care – Clinton Hospital	X			
2034	UMass. Memorial Health Care – Health Alliance Hospitals, Inc.	X			
2103	UMass Memorial Health Care – Marlborough Hospital	X			
2841	UMass. Memorial Health Care – Memorial Medical Center	X			
2181	UMass. Memorial – Wing Memorial Hospital	X			
2094	Winchester Hospital	X			

*Hospitals with no verification were strongly pursued to verify their data. Each hospital was contacted numerous times via telephone and letter and given amply opportunity to respond. As of the cutoff date (July 12, 2002), however, the Division had not received a Verification Response form from the hospital.

** See Part F, Supplement IV for Merger information.

**General Documentation
Fiscal Year 2001 Hospital Discharge Data Base**

PART C. HOSPITAL RESPONSES

2. LIST OF ERROR CATEGORIES

- Type of Admission
- Source of Admission
- Age
- Sex
- Race
- Payer
- Length of Stay
- Disposition
- Number of Diagnosis Codes Used Per Patient
- Month of Discharge
- DRG's
- Number of Procedure Codes Used Per Patient
- Accommodation Charges
- Ancillary Charges
- Top 20 Principle ECODES
- Top 20 DRGs / Rank Order
- Number of Discharges
- Top 20 MDCs / Rank Order

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base
PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

HOSPITAL	TYPE OF ADMISSION	SOURCE OF ADMISSION	AGE	SEX	RACE	PAYER
Cambridge Health Alliance – Malden Campus	X	X	X	X	X	X
Cambridge Health Alliance – Whidden Memorial Campus						
Deaconess – Nashoba		X				
Harrington Memorial		X				
MetroWest Medical Center – Framingham Campus		X				
MetroWest Medical Center – Natick Campus		X				
Nantucket Cottage Hospital	X	X	X	X	X	X
New England Medical Center						X
Saint Vincent Hospital		X				

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base
PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY *(Continued)*

HOSPITAL	LENGTH OF STAY	DISPOSITION	# DIAG. CODES/perPt	MONTH OF DISCHARGE	DRGs	# PROC. CODES/perPt.
Cambridge Health Alliance – Malden Campus	X	X	X	X	X	X
Cambridge Health Alliance – Whidden Memorial Campus						
Nantucket Cottage Hospital	X	X	X	X	X	X

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY (Continued)

HOSPITAL	ACCOMMODATION CHARGES	ANCILLARY CHARGES	TOP 20 ECODES.	TOP 20 DRGs Rank Order	# OF DISCHARGES	TOP 20 MDC's/Rank Order
Cambridge Health Alliance – Malden Campus	X	X	X	X	X	X
Cambridge Health Alliance – Whidden Memorial Campus						
Faulkner Hospital	X	X				
Noble Hospital	X	X				
Nantucket Cottage Hospital			X	X	X	X
New England Medical Center		X				
Noble Hospital	X	X				
Saint Vincent Hospital		X				

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART C. HOSPITAL RESPONSES

4. INDEX OF HOSPITALS REPORTING DATA DISCREPANCIES

<u>Hospital</u>	<u>Page</u>
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Cambridge Health Alliance – Whidden Campus	39
Deaconess – Nashoba	44
Faulkner Hospital	47
Harrington Memorial	55
MetroWest Medical Center – Framingham	58
MetroWest Medical Center – Natick	61
Nantucket Cottage Hospital	64
New England Medical Center	108
Noble Hospital	111
Saint Vincent Hospital	114

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

CAMBRIDGE HEALTH ALLIANCE – MALDEN CAMPUS

Cambridge Health Alliance acquired Malden Hospital on April 15, 2001. Therefore, it was able to review and verify that the data in the Quarter 4 Reports was as it appeared in Cambridge Health Alliance's submission. However, it did not have the data to review and verify Quarters 1, 2, and 3. See response form and comments for further detail.

HEALTH DATA POLICY GROUP
FY 2001 FINAL CASEMIX VERIFICATION REPORT RESPONSE FORM
GENERAL INSTRUCTIONS:

Please review your hospital's Fiscal Year 2001 Final Casemix Verification report and check the appropriate response below. Please respond no later than Apr 26, 2002. Your hospital may submit additional written comments to the Division if it so desires.

- A. _____ I have reviewed the final Casemix Verification Report and agree that the data as it appears on the Report is the data that was submitted to the Division, and that it accurately represents the hospital's casemix profile.
- B. ✓ I have reviewed the final Casemix Verification Report and agree that the data is accurate and complete except for discrepancies found in the following areas:

<u>✓</u> Type of Admission	<u>✓</u> Source of Admission	<u>✓</u> Age
<u>✓</u> Sex	<u>✓</u> Race	<u>✓</u> Payor
<u>✓</u> Length of Stay	<u>✓</u> Disposition	<u>✓</u> # of Diagnosis Codes p/Patient
<u>✓</u> Month of Discharge	<u>✓</u> DRGs	<u>✓</u> # of Procedure Codes p/Patient
<u>✓</u> Accommodation Charges	<u>✓</u> Ancillary Charges	<u>✓</u> Top 20 Principle E-Code
<u>✓</u> Top 20 DRGs/Rank Order	<u>✓</u> # of Discharges	<u>✓</u> Top 20 MDCs/Rank Order

Check here ✓ if further details are enclosed.

Signature: Karen Colucci
Title: Reimbursement Analyst
Hospital: Cambridge Health Alliance
Date: April 26, 2002

If the Division should have any questions regarding the hospital's response, it should contact:

Karen Colucci at (781) 300-8841
(Name) (Telephone# & ext.)

Please return this form to: Cynthia Dukes-Reed, Senior Analyst/Provider Liaison
Division of Health Care Finance and Policy
Health Data Policy Group
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3141 Fax: 617-727-7662

DIVISION OF HEALTH CARE
FINANCE AND POLICY
02 APR 31 AM 10:02

Malden Hospital Case Mix Verification Report FY 2001

Cambridge Health Alliance acquired Malden Hospital on April 15, 2001. Therefore, we are able to review and verify that the data in the Quarter Four 2001 Reports is as it appeared in Cambridge Health Alliance's submission. However, the verification reports are missing Quarter Three information. All information for the months of May and June 2001 is not included in the reports. As a result, CHA can not verify or agree that Quarter 3 information in the report agrees with our data submission. Cambridge Health Alliance does not have the information to verify Quarters 1 and 2. The Division of Health Care Finance and Policy should contact Hallmark Health Care for this information, as it was responsible for the submissions for those quarters.

The Commonwealth of Massachusetts
The Division of Health Care Finance and Policy
Hospital Discharge Data
Source of Admission Frequency Report
Year 2001 - All Quarters Cumulative
Cambridge Health Alliance - Malden Campus

4/12/02

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
1 - Direct Physician Referral	3 1.24	9 3.70	0 0.00	101 50.75	113
2 - Within Hospital Clinic Referral	1 0.41	0 0.00	0 0.00	1 0.50	2
4 - Transfer from an Acute Hospital	1 0.41	0 0.00	0 0.00	2 1.01	3
7 - Outside Hospital Emergency Room Transfer	0 0.00	0 0.00	0 0.00	95 47.74	95
M - Walk-In/Self Referral	236 97.52	234 96.30	50 98.04	0 0.00	520
R - Within Hospital Emergency Room Transfer	1 0.41	0 0.00	1 1.96	0 0.00	2
Total	242	243	51	199	735

**General Documentation
Fiscal Year 2001 Hospital Discharge Data Base**

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

CAMBRIDGE HEALTH ALLIANCE – WHIDDEN MEMORIAL CAMPUS

Cambridge Health Alliance acquired Whidden Memorial Hospital on July 1, 2001. It was thus able to review and verify that the data in the Quarter 4 Reports was as it appeared in Cambridge Health Alliance's submission. However, it did not have the data to verify Quarters 1, 2, and 3. See response form and comments for further detail.

HEALTH DATA POLICY GROUP
FY 2001 FINAL CASEMIX VERIFICATION REPORT RESPONSE FORM
GENERAL INSTRUCTIONS:

Please review your hospital's Fiscal Year 2001 Final Casemix Verification report and check the appropriate response below. Please respond no later than Apr 26, 2002. Your hospital may submit additional written comments to the Division if it so desires.

- A. I have reviewed the final Casemix Verification Report and agree that the data as it appears on the Report is the data that was submitted to the Division, and that it accurately represents the hospital's casemix profile.
- B. ✓ I have reviewed the final Casemix Verification Report and agree that the data is accurate and complete except for discrepancies found in the following areas:

<u> </u> Type of Admission	<u> </u> Source of Admission	<u> </u> Age
<u> </u> Sex	<u> </u> Race	<u> </u> Payor
<u> </u> Length of Stay	<u> </u> Disposition	<u> </u> # of Diagnosis Codes p/Patient
<u> </u> Month of Discharge	<u> </u> DRGs	<u> </u> # of Procedure Codes p/Patient
<u> </u> Accommodation Charges	<u> </u> Ancillary Charges	<u> </u> Top 20 Principle E-Code
<u> </u> Top 20 DRGs/Rank Order	<u> </u> # of Discharges	<u> </u> Top 20 MDCs/Rank Order

Check here ✓ if further details are enclosed.

Signature: Karen Colucci
Title: Reimbursement Analyst
Hospital: Cambridge Health Alliance
Date: April 26, 2002

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02 APR 31 AM 10:08
DIVISION OF HEALTH CARE
FINANCE AND POLICY

If the Division should have any questions regarding the hospital's response, it should contact

Karen Colucci at (781) 306-8841
(Name) (Telephone# & ext.)

Please return this form to: Cynthia Dukes-Reed, Senior Analyst/Provider Liaison
Division of Health Care Finance and Policy
Health Data Policy Group
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3141 Fax: 617-727-7662

Whidden Case Mix Verification Report FY 2001

Cambridge Health Alliance acquired Whidden Memorial Hospital on July 1, 2001. Therefore, we are able to review and verify that the data in Quarter Four 2001 Reports is as it appeared in Cambridge Health Alliance's submission. However, we do not have the information to verify Quarters 1,2, and 3. The Division of Health Care Finance and Policy should contact Hallmark Health Care for this information, as it was responsible for the submissions for those quarters.

The Commonwealth of Massachusetts
The Division of Health Care Finance and Policy
Hospital Discharge Data
Source of Admission Frequency Report
Year 2001 - All Quarters Cumulative
Cambridge Health Alliance - Whidden Memorial

4/12/02

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
1 - Direct Physician Referral	165 15.52	157 15.99	181 16.29	286 26.05	789
2 - Within Hospital Clinic Referral	2 0.19	1 0.10	1 0.09	0 0.00	4
4 - Transfer from an Acute Hospital	32 3.01	19 1.93	10 0.90	11 1.00	72
5 - Transfer from a Skilled Nursing Facility	8 0.75	4 0.41	7 0.63	0 0.00	19
7 - Outside Hospital Emergency Room Transfer	2 0.19	1 0.10	0 0.00	796 72.50	799
9 - Other (to include Level 4 Nursing Facility)	68 6.40	71 7.23	57 5.13	5 0.46	201
M - Walk-In/Self Referral	40 3.76	44 4.48	68 6.12	0 0.00	152
R - Within Hospital Emergency Room Transfer	738 69.43	678 69.04	785 70.66	0 0.00	2,201
Y - Within Hospital Ambulatory Surgery Transfer	8 0.75	7 0.71	2 0.18	0 0.00	17
Total	1,063	982	1,111	1,098	4,254

The Commonwealth of Massachusetts
Division of Health Care Finance and Policy
Hospital Discharge Data
Admission Type Frequency Report
Year 2001 - All Quarters Cumulative
Cambridge Health Alliance - Whidden Memorial

4/12/02

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
1 - Emergency	441 41.49	446 45.42	509 45.81	667 60.75	2,063
2 - Urgent	542 50.99	462 47.05	468 42.12	233 21.22	1,705
3 - Elective	80 7.53	74 7.54	134 12.06	198 18.03	486
Total	1,063	982	1,111	1,098	4,254

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

DEACONESS - NASHOBA

Deaconess – Nashoba Hospital reported discrepancies in the area of Source of Admission. Please see the May 2, 2002 Memo of correction submitted by the hospital.

HEALTH DATA POLICY GROUP FY 2001 FINAL CASEMIX VERIFICATION REPORT RESPONSE FORM GENERAL INSTRUCTIONS:

Please review your hospital's Fiscal Year 2001 Final Casemix Verification report and check the appropriate response below. Please respond no later than Apr 23, 2002. Your hospital may submit additional written comments to the Division if it so desires.

A. I have reviewed the final Casemix Verification Report and agree that the data as it appears on the Report is the data that was submitted to the Division, and that it accurately represents the hospital's casemix profile.

B. X I have reviewed the final Casemix Verification Report and agree that the data is accurate and complete except for discrepancies found in the following areas:

<u> </u> Type of Admission	<u> X </u> Source of Admission	<u> </u> Age
<u> </u> Sex	<u> </u> Race	<u> </u> Payor
<u> </u> Length of Stay	<u> </u> Disposition	<u> </u> # of Diagnosis Codes p/Patie
<u> </u> Month of Discharge	<u> </u> DRGs	<u> </u> # of Procedure Codes p/Patie
<u> </u> Accommodation Charges	<u> </u> Ancillary Charges	<u> </u> Top 20 Principle E-Cod
<u> </u> Top 20 DRGs/Rank Order	<u> </u> # of Discharges	<u> </u> Top 20 MDCs/Rank Order

Check here X if further details are enclosed.

Signature: Elaine Bulman
Title: Director of Medical Records
Hospital: Deaconess Nashoba Hospital
Date: 5/17/02

If the Division should have any questions regarding the hospital's response, it should contact:

Elaine Bulman at (978) 784-9268
(Name) (Telephone# & ext.)

Please return this form to: Jean Delahanty, Senior Analyst/Provider Liaison
Division of Health Care Finance and Policy
Health Data Policy Group
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3151 Fax: 617-727-7662

**DEACONESS~NASHOBA
HOSPITAL**

A member of CAREGROUP

To: Jean Delahanty, Senior Analyst/Provider Liaison
Division of Healthcare Finance and Policy

From: Elaine Bulman, Director of Medical Records *EB*
Deaconess Nashoba Hospital

Date: May 2, 2002

Re: FY 2001 Casemix Correction

Please note that some of the data listed on the "Source of Admission Frequency Report" is incorrect. The data in the first quarter of 2001 was compiled from a merge of two different computer systems. Differences in terminology between the two systems have resulted in the placement of some cases under the wrong category.

The 265 cases listed under "Outside Hospital Emergency Room Transfers", should actually reside under the "Within Hospital Emergency Room Transfer" category, which would result in a total of 402 for quarter 1. Twenty- eight of the cases under "Within Hospital Clinical Referral", should actually reside under "Direct Physician Referral", resulting in a total of 181 under "Direct Physician Referral" and 18 under "Within Hospital Clinical Referral" for the first quarter.

Due to a clerical error, cases were incorrectly listed under "Transfer to an Acute Hospital" in quarters 2, 3 and 4. The 7 cases in Quarter 2, 1 case in Quarter 3 and 2 cases in Quarter 4 should actually reside under the "Within Hospital Emergency Room Transfer" category. This would bring the totals for "Within Hospital Emergency Room Transfer" to 603 for Quarter 2, 572 for Quarter 3, and 510 for Quarter 4, respectively.

**General Documentation
Fiscal Year 2001 Hospital Discharge Data Base**

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

FAULKNER HOSPITAL

Faulkner Hospital reported discrepancies in the areas of Accommodation Charges and Ancillary Charges. In one case, a patient was erroneously admitted on 2/21/2000, when the patient should have been admitted on 2/21/01. As a result, the patient shows as having an extra 366 days in the system. Also, many MRIs were coded as 320 on the hospital side. The hospital corrected this as of May 2002. Please see the reports submitted by the hospital for corrections.

HEALTH DATA POLICY GROUP
FY 2001 FINAL CASEMIX VERIFICATION REPORT RESPONSE FORM
GENERAL INSTRUCTIONS:

Please review your hospital's Fiscal Year 2001 Final Casemix Verification report and check the appropriate response below. Please respond no later than May 15, 2002. Your hospital may submit additional written comments to the Division if it so desires.

A. _____ I have reviewed the final Casemix Verification Report and agree that the data as it appears on the Report is the data that was submitted to the Division, and that it accurately represents the hospital's casemix profile.

B. X I have reviewed the final Casemix Verification Report and agree that the data is accurate and complete except for discrepancies found in the following areas:

<u> </u> Type of Admission	<u> </u> Source of Admission	<u> </u> Age
<u> </u> Sex	<u> </u> Race	<u> </u> Payor
<u> </u> Length of Stay	<u> </u> Disposition	<u> </u> # of Diagnosis Codes p/Patient
<u> </u> Month of Discharge	<u> </u> DRGs	<u> </u> # of Procedure Codes p/Patient
<u> X </u> Accommodation Charges	<u> X </u> Ancillary Charges	<u> </u> Top 20 Principle E-Codes
<u> </u> Top 20 DRGs/Rank Order	<u> </u> # of Discharges	<u> </u> Top 20 MDCs/Rank Order

Check here X if further details are enclosed.

Signature: *Maryalice Kenney*
Title: Senior Vice President
Hospital: Faulkner Hospital
Date: May 22, 2002

If the Division should have any questions regarding the hospital's response, it should contact:

Maryalice Kenney at (617) 983-7829
(Name) (Telephone# & ext.)

Please return this form to: Cynthia Dukes-Reed, Senior Analyst/Provider Liaison
Division of Health Care Finance and Policy
Health Data Policy Group
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3141 Fax: 617-727-7662

29649
DIVISION OF HEALTH CARE
FINANCE AND POLICY
MAY 23 PM 1:12

The Commonwealth of Massachusetts
Division of Health Care Finance and Policy
Hospital Discharge Data
Routine Accommodation Information Report
Year 2001 - All Quarters Cumulative
Faulkner Hospital

5/2/02

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
(111) Medical/Surgical	Total Routine Days % of Routine Days Total Charges Charge Per Day	5,531 82.99 3,715,937 671	6,649 80.43 4,440,382 667	6,490 85.09 4,297,293 662	6,260 82.16 4,137,573 660	24,930 16,591,185
(114) Psychiatric	Total Routine Days % of Routine Days Total Charges Charge Per Day	1,134 17.01 867,354 764	1,618 19.57 1,239,014 765	1,137 14.91 885,723 779	1,359 17.84 1,058,661 779	5,248 366 4,482 4,050,752 263,706
Total	6,665 4,583,291	8,267 5,679,396	7,627 5,183,016	7,619 5,196,234	30,178 20,641,937	

1618 Patient incorrectly adm. total 2/21/00
 - 366 should be 2/21/01
 1 x 5 = 2
 $366 \times (483 \frac{101.740}{950/779}) = 263,706$

The Commonwealth of Massachusetts
Division of Health Care Finance and Policy
Hospital Discharge Data
Ancillary Services Frequency Report
Year 2001 - All Quarters Cumulative
Faulkner Hospital

5/2/02

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
250 - Pharmacy	Total Discharges Total Charges % of Total Charges 1,505 1,260,474 9.00	1,843 1,485,414 9.23	1,946 1,602,496 9.46	1,934 1,498,917 9.35	7,228 5,847,301
260 - IV Therapy	Total Discharges Total Charges % of Total Charges 5 807 0.01	3 57 0.00	0 0 0.00	1 19 0.00	9 883
270 - Medical/Surgical Supplie	Total Discharges Total Charges % of Total Charges 1,078 1,044,959 7.46	1,367 1,072,773 6.66	1,496 1,330,408 7.86	1,384 1,064,559 6.64	5,325 4,512,699
300 - Laboratory	Total Discharges Total Charges % of Total Charges 1,894 3,252,205 23.21	2,286 3,821,523 23.74	2,474 3,944,698 23.29	2,425 4,115,923 25.67	9,079 15,134,349
310 - Laboratory Pathological	Total Discharges Total Charges % of Total Charges 0 0 0.00	1 79 0.00	4 1,012 0.01	1 359 0.00	6 1,450
320 - Diagnostic Radiology	Total Discharges Total Charges % of Total Charges 1,003 748,632 5.34	1,210 863,823 5.37	1,255 903,592 5.34	1,238 796,307 4.97	4,706 3,312,354 - 752,444 2,559,910

many MRIs were coded as 320 on the hospital side - I have corrected this as of 5/6/02

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
330 - Therapeutic Radiology	Total Discharges Total Charges % of Total Charges 8 6,622 0.05	8 9,864 0.06	6 4,372 0.03	9 3,484 0.02	31 24,342
340 - Nuclear Medicine	Total Discharges Total Charges % of Total Charges 115 152,438 1.09	139 218,415 1.36	145 222,211 1.31	146 254,815 1.59	545 847,879
350 - CAT Scan	Total Discharges Total Charges % of Total Charges 334 689,256 4.92	445 847,382 5.26	446 865,418 5.11	438 820,703 5.12	1,663 3,222,759
360 - Operating Room Services	Total Discharges Total Charges % of Total Charges 389 1,696,434 12.11	429 1,854,315 11.52	552 2,174,003 12.84	479 1,931,802 12.05	1,849 7,656,554
370 - Anesthesia	Total Discharges Total Charges % of Total Charges 353 435,870 3.11	400 473,441 2.94	477 557,243 3.29	415 496,063 3.09	1,645 1,962,617
390 - Blood Storage and Proces	Total Discharges Total Charges % of Total Charges 624 388,833 2.78	725 450,252 2.80	864 485,009 2.86	932 447,188 2.79	3,145 1,771,282
400 - Other Imaging Services	Total Discharges Total Charges % of Total Charges 29 6,765 0.05	34 7,999 0.05	64 14,959 0.09	56 12,987 0.08	183 42,710
410 - Respiratory Services	Total Discharges Total Charges % of Total Charges 884 846,882 6.04	1,022 1,012,193 6.29	1,039 875,322 5.17	954 725,169 4.52	3,899 3,459,566
420 - Physical Therapy	Total Discharges Total Charges % of Total Charges 953 403,097 2.88	1,112 444,336 2.76	1,093 431,574 2.55	975 389,442 2.43	4,133 1,668,449
430 - Occupational Therapy	Total Discharges Total Charges % of Total Charges 176 102,701 0.73	198 116,050 0.72	218 117,432 0.69	135 90,337 0.56	727 426,520

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
440 - Speech-Language Patholog	Total Discharges Total Charges % of Total Charges	52 55,386 0.40	53 57,424 0.36	50 37,841 0.22	43 35,866 0.22	198 186,517
450 - Emergency Room	Total Discharges Total Charges % of Total Charges	936 556,744 3.97	1,183 708,947 4.40	1,270 727,001 4.29	1,223 680,033 4.24	4,612 2,672,725
460 - Pulmonary Function	Total Discharges Total Charges % of Total Charges	259 139,277 0.99	260 150,078 0.93	224 141,050 0.83	231 139,709 0.87	974 570,114
470 - Audiology	Total Discharges Total Charges % of Total Charges	2 241 0.00	5 1,632 0.01	4 1,067 0.01	3 814 0.01	14 3,754
480 - Cardiology	Total Discharges Total Charges % of Total Charges	324 334,222 2.39	394 317,932 1.97	359 316,608 1.87	395 328,210 2.05	1,472 1,296,972
510 - Clinics	Total Discharges Total Charges % of Total Charges	10 1,515 0.01	23 5,403 0.03	20 8,988 0.05	26 7,920 0.05	79 23,826
540 - Ambulance	Total Discharges Total Charges % of Total Charges	1 318 0.00	2 954 0.01	0 0 0.00	0 0 0.00	3 1,272
610 - MRI	Total Discharges Total Charges % of Total Charges	4 9,084 0.06	7 16,407 0.10	13 31,027 0.18	44 85,819 0.54	68 142,337 1.93
620 - Medical/Surgical Supplie	Total Discharges Total Charges % of Total Charges	2 457 0.00	1 373 0.00	0 0 0.00	0 0 0.00	3 830
630 - Drugs Requiring Specific	Total Discharges Total Charges % of Total Charges	125 50,507 0.36	119 42,125 0.26	102 34,712 0.20	83 24,950 0.16	429 152,294

68
 142,337
 1.93
 1431
 = 499

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
700 - Cast Room	Total Discharges Total Charges % of Total Charges 6 1,325 0.01	3 400 0.00	2 275 0.00	2 525 0.00	13 2,525
710 - Recovery Room	Total Discharges Total Charges % of Total Charges 370 402,791 2.87	421 466,417 2.90	487 498,086 2.94	416 431,448 2.69	1,694 1,798,742
730 - EKG/ECG (Electrocardiogr	Total Discharges Total Charges % of Total Charges 855 602,789 4.30	980 675,076 4.19	1,069 646,165 3.82	1,058 684,276 4.27	3,962 2,608,306
740 - EEG (Electroencephalogra	Total Discharges Total Charges % of Total Charges 34 14,153 0.10	32 9,220 0.06	27 7,252 0.04	43 14,930 0.09	136 45,555
750 - Gastro-Intestinal Servic	Total Discharges Total Charges % of Total Charges 3 3,669 0.03	5 6,529 0.04	9 8,049 0.05	3 2,476 0.02	20 20,723
760 - General Treatment or Obs	Total Discharges Total Charges % of Total Charges 22 11,332 0.08	12 4,876 0.03	13 9,416 0.06	26 18,028 0.11	73 43,652
800 - Inpatient Renal Dialysis	Total Discharges Total Charges % of Total Charges 15 32,884 0.23	19 36,600 0.23	13 16,592 0.10	26 39,528 0.25	73 125,604
900 - Psychiatric/Psychologica	Total Discharges Total Charges % of Total Charges 176 200,562 1.43	187 259,509 1.61	155 198,990 1.18	144 206,928 1.29	662 865,989
910 - Psychiatric/Psychologica	Total Discharges Total Charges % of Total Charges 19 3,613 0.03	2 3,376 0.02	2 333 0.00	3 675 0.00	26 7,997
920 - Other Diagnostic Service	Total Discharges Total Charges % of Total Charges 3 554 0.00	4 792 0.00	1 198 0.00	2 792 0.00	10 2,336

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
940 - Other Therapeutic Service	Total Discharges Total Charges % of Total Charges	0 0 0.00	1 93 0.00	0 0 0.00	3 260 0.00
950 - Other	Total Discharges Total Charges % of Total Charges	959 550,420 3.93	1,168 649,005 4.03	1,281 717,138 4.23	1,209 676,409 4.22
980 - Professional Fees	Total Discharges Total Charges % of Total Charges	17 3,356 0.02	45 7,656 0.05	23 4,284 0.03	34 6,252 0.04
Total	13,544 14,011,174	16,148 16,098,740	17,203 16,934,821	16,539 16,033,922	63,434 63,078,657

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

HARRINGTON MEMORIAL HOSPITAL

Harrington Memorial Hospital reported one major discrepancy in the area of Source of Admission. (Note: The area “Type of Admission” is checked on the Verification Report Response form, but the accompanying letter indicates that the discrepancy actually involves the area “Admission Source”.) The report shows a total of 1,439 patients admitted from the source “Outside Hospital ER Transfer”, while the hospital’s records indicate that these patients were admitted from the source “Within Hospital ER Transfer”.

HEALTH DATA POLICY GROUP

FY 2001 FINAL CASEMIX VERIFICATION REPORT RESPONSE FORM

GENERAL INSTRUCTIONS:

Please review your hospital's Fiscal Year 2001 Final Casemix Verification report and check the appropriate response below. Please respond no later than May 21, 2002. Your hospital may submit additional written comments to the Division if it so desires.

A. _____ I have reviewed the final Casemix Verification Report and agree that the data as it appears on the Report is the data that was submitted to the Division, and that it accurately represents the hospital's casemix profile.

B. ✓ I have reviewed the final Casemix Verification Report and agree that the data is accurate and complete except for discrepancies found in the following areas:

<u>✓</u> Type of Admission	_____ Source of Admission	_____ Age
_____ Sex	_____ Race	_____ Payor
_____ Length of Stay	_____ Disposition	_____ # of Diagnosis Codes p/Patient
_____ Month of Discharge	_____ DRGs	_____ # of Procedure Codes p/Patient
_____ Accommodation Charges	_____ Ancillary Charges	_____ Top 20 Principle E-Code
_____ Top 20 DRGs/Rank Order	_____ # of Discharges	_____ Top 20 MDCs/Rank Order

Check here ✓ if further details are enclosed.

Signature: Lynn Zollin
 Title: Patient Information Analyst
 Hospital: Harrington Memorial
 Date: 5/27/02

If the Division should have any questions regarding the hospital's response, it should contact:

LYNN ZOLLIN at (508) 765-3085
 (Name) (Telephone# & ext.)

Please return this form to: Cynthia Dukes-Reed, Senior Analyst/Provider Liaison
 Division of Health Care Finance and Policy
 Health Data Policy Group
 Two Boylston Street
 Boston, MA 02116
 Telephone: 617-988-3141 Fax: 617-727-7662



HARRINGTON MEMORIAL HOSPITAL

100 SOUTH STREET
SOUTHBRIDGE, MA 01550-8002

May 27, 2002

Ms. Cynthia Dukes-Reed
Division of Health Care Finance and Policy
Health Data Policy Group
Two Boylston Street
Boston, MA 02116-4704

Dear Ms. Dukes-Reed:

I find only one major discrepancy in the FY2001 final Inpatient Profile Report submitted to Harrington Memorial Hospital. This discrepancy is found in the Source of Admission Frequency Report. The report shows a total of 1439 patients were admitted from a source of "Outside Hospital ER Transfer", while our records indicate that these patients were admitted from the source of "Within Hospital ER Transfer".

Sincerely,

Lynn A. Zollin, CTR
Patient Information Analyst

TEL: (508) 765-9771
TTY: (508) 765-3195
FAX: (508) 765-3147

**General Documentation
Fiscal Year 2001 Hospital Discharge Data Base**

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

METROWEST MEDICAL CENTER - FRAMINGHAM

MetroWest Medical Center – Framingham reported discrepancies in one area, Source of Admission. For all four quarters, the numbers under code M, “Walk-in/Self Referral”, should have been reported under code R, “Inside Hospital ER Transfer”.

**HEALTH DATA POLICY GROUP
FY 2001 FINAL CASEMIX VERIFICATION REPORT RESPONSE FORM
GENERAL INSTRUCTIONS:**

Please review your hospital's Fiscal Year 2001 Final Casemix Verification report and check the appropriate response below. Please respond no later than May 24, 2002. Your hospital may submit additional written comments to the Division if it so desires.

- A. I have reviewed the final Casemix Verification Report and agree that the data as it appears on the Report is the data that was submitted to the Division, and that it accurately represents the hospital's casemix profile.
- B. ✓ I have reviewed the final Casemix Verification Report and agree that the data is accurate and complete except for discrepancies found in the following areas:

<u> </u> Type of Admission	<u>✓</u> Source of Admission	<u> </u> Age
<u> </u> Sex	<u> </u> Race	<u> </u> Payor
<u> </u> Length of Stay	<u> </u> Disposition	<u> </u> # of Diagnosis Codes p/Patient
<u> </u> Month of Discharge	<u> </u> DRGs	<u> </u> # of Procedure Codes p/Patient
<u> </u> Accommodation Charges	<u> </u> Ancillary Charges	<u> </u> Top 20 Principle E-Code
<u> </u> Top 20 DRGs/Rank Order	<u> </u> # of Discharges	<u> </u> Top 20 MDCs/Rank Order

Check here ✓ if further details are enclosed.

FRAMINGHAM CAMPUS

Signature: Robert Jantun

Title: Program Manager

Hospital: Metrowest Medical Center

Date: 5/28/2002

If the Division should have any questions regarding the hospital's response, it should contact:

Bob Jantun at (508) 383-1942
(Name) (Telephone# & ext.)

Please return this form to: Cynthia Dukes-Reed, Senior Analyst/Provider Liaison
Division of Health Care Finance and Policy
Health Data Policy Group
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3141 Fax: 617-727-7662

METROWEST MEDICAL CENTER

Framingham Campus

Phone: 508-383-1942
FAX: 508-383-1967
email: bob_fantini@mwmc.com

Tuesday, May 28, 2002

Cynthia Dukes-Reed
Division of Health Care Finance and Policy
Two Boylston Street
Boston, Ma 02116-4704

Dear Cynthia,

After reviewing the Inpatient Casemix Verification Report for Year 2001 I noticed that there were discrepancies in the "Source of Admission Frequency Report" data for our Framingham Campus, hospital # 2020. For quarters 1, 2, 3 and 4 the numbers under code M, "Walk-In/Self Referral", should have been reported under code R, "Inside Hospital ER Transfer".

Sincerely,



Bob Fantini
MIS

**General Documentation
Fiscal Year 2001 Hospital Discharge Data Base**

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

METROWEST MEDICAL CENTER- NATICK

MetroWest Medical Center – Natick reported discrepancies in one area, Source of Admission. For all four quarters, the numbers under code M, “Walk-in/Self Referral”, should have been reported under code R, “Inside Hospital ER Transfer”.

**HEALTH DATA POLICY GROUP
FY 2001 FINAL CASEMIX VERIFICATION REPORT RESPONSE FORM
GENERAL INSTRUCTIONS:**

Please review your hospital's Fiscal Year 2001 Final Casemix Verification report and check the appropriate response below. Please respond no later than May 24, 2002. Your hospital may submit additional written comments to the Division if it so desires.

- A. _____ I have reviewed the final Casemix Verification Report and agree that the data as it appears on the Report is the data that was submitted to the Division, and that it accurately represents the hospital's casemix profile.
- B. ☒ _____ I have reviewed the final Casemix Verification Report and agree that the data is accurate and complete except for discrepancies found in the following areas:

_____ Type of Admission	<input checked="" type="checkbox"/> Source of Admission	_____ Age
_____ Sex	_____ Race	_____ Payor
_____ Length of Stay	_____ Disposition	_____ # of Diagnosis Codes p/Patient
_____ Month of Discharge	_____ DRGs	_____ # of Procedure Codes p/Patient
_____ Accommodation Charges	_____ Ancillary Charges	_____ Top 20 Principle E-Code
_____ Top 20 DRGs/Rank Order	_____ # of Discharges	_____ Top 20 MDCs/Rank Order

Check here ☒ if further details are enclosed.

NATICK CAMPUS

Signature: _____

Title: _____

Hospital: _____

Date: _____

Robert Jantoni
Programmer Analyst
MetroWest Medical Center
5/28/2002

If the Division should have any questions regarding the hospital's response, it should contact:

Bob Jantoni

(Name)

at

(508) 383-1942

(Telephone# & ext.)

Please return this form to: Cynthia Dukes-Reed, Senior Analyst/Provider Liaison
Division of Health Care Finance and Policy
Health Data Policy Group
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3141 Fax: 617-727-7662

METROWEST MEDICAL CENTER

Natick Campus

Phone: 508-383-1942
FAX: 508-383-1967
email: bob_fantini@mwmc.com

Tuesday, May 28, 2002

Cynthia Dukes-Reed
Division of Health Care Finance and Policy
Two Boylston Street
Boston, Ma 02116-4704

Dear Cynthia,

After reviewing the Inpatient Casemix Verification Report for Year 2001 I noticed that there were discrepancies in the "Source of Admission Frequency Report" data for our Natick Campus, hospital # 2039. For quarters 1, 2, 3 and 4 the numbers under code M, "Walk-In/Self Referral", should have been reported under code R, "Inside Hospital ER Transfer".

Sincerely,



Bob Fantini
MIS

July 30, 2003

Notice to all Users of the 2001 Hospital Discharge Database

Please be advised that in July 2003, Mount Auburn Hospital notified the Division of discrepancies in charges reported on its inpatient discharge data for Quarters 1 and 2 of hospital year 2001.

Total charges for Quarter 1 were under reported by approximately \$17 million.

Total charges for Quarter 2 were under reported by approximately \$36 million.

Total charges for Quarters 3 and 4 were reported accurately.

The following spreadsheet includes supporting documentation provided to the Division by the hospital related to these filings.

	Q1 2001 Submitted	Q1 2001 – should have been submitted	Q2 2001 submitted	Q2 2001 should have been submitted
Room & Board	\$6,471,793.00	\$12,984,157.00	\$24,387.00	\$13,027,320.00
Inpatient Ancillaries	\$11,240,230.00	\$21,943,861.88	\$64,054.00	\$23,007,040.83
Total Inpt Charges	\$17,712,023.00	\$34,928,018.88	\$88,441.00	\$36,034,360.83
should be reflected for Q1 2001 inpt. Charges		\$34,928,019.00	should be reflected for Q2 2001 inpt. Charges	\$36,034,360.83
actual	\$34,928,018.88			\$36,034,360.83
submitted	\$17,712,023.00			\$ 88,441.00
underreported by:	(\$17,215,995.88)			(\$35,945,919.83)

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL

Nantucket Cottage Hospital stated that although the Division's data report is an accurate reflection of the 545 cases that they submitted, the hospital's census information indicates a discrepancy of 6 cases for FY2001. The 6 cases were Newborns, which were registered without being system identified at the time of admission. This prevented the system from reading these newborn cases as rate tape eligible. As a result there are discrepancies in numerous areas, including Type of Admission, Source of Admission, Age, Sex, Race, Payer, Length of Stay, Disposition, Number of Diagnosis Codes per Patient, Month of Discharge, DRGs, Number of Procedure Codes per Patient, Top 20 Principle E-Codes, Top 20 DRGs/Rank Order, Number of Discharges, and Top 20 MDCs/Rank Order. Please see the corrected reports submitted by the hospital.

DIVISION OF HEALTH CARE FINANCE AND POLICY
HEALTH DATA POLICY GROUP

FY 2001 FINAL CASEMIX VERIFICATION REPORT RESPONSE FORM

GENERAL INSTRUCTIONS:

Please review your hospital's fiscal year 2001 Final Casemix Verification Report and check (✓) the appropriate response below. Please respond no later than April 16, 2002. Your hospital may submit additional written comments to the Division if it so desires.

A. _____ I have reviewed the final Casemix Verification Report and agree that the data as it appears on the Report is the data that was submitted to the Division, and that it accurately represents the hospital's casemix profile.

B. ☒ I have reviewed the final Casemix Verification Report and agree that the data is accurate and complete except for discrepancies found in the following areas:

<input checked="" type="checkbox"/> Type of Admission	<input checked="" type="checkbox"/> Source of Admission	<input checked="" type="checkbox"/> Age
<input checked="" type="checkbox"/> Sex	<input checked="" type="checkbox"/> Race	<input checked="" type="checkbox"/> Payor
<input checked="" type="checkbox"/> Length of Stay	<input checked="" type="checkbox"/> Disposition	<input checked="" type="checkbox"/> # of Diagnosis Codes p/Patient
<input checked="" type="checkbox"/> Month of Discharge	<input checked="" type="checkbox"/> DRGs	<input checked="" type="checkbox"/> # of Procedure Codes p/Patient
<input checked="" type="checkbox"/> Accommodation Charges	<input checked="" type="checkbox"/> Ancillary Charges	<input checked="" type="checkbox"/> Top 20 Principle E-Codes
<input checked="" type="checkbox"/> Top 20 DRGs/Rank Order	<input checked="" type="checkbox"/> # of Discharges	<input checked="" type="checkbox"/> Top 20 MDCs/Rank Order

Check (✓) here → ☒ if further details are enclosed. *Complete packet sent via mail.*

Signature: Lauren R. O'Donnell

Title: Medical Record Services Director

Hospital: Nantucket Cottage Hospital

Date: 5/3/02

Fax #: (508) 825-8101

E-mail: achhis@NANTUCKET.NET

If the Division should have any questions regarding the hospital's response, it should contact:

Lauren R. O'Donnell at (508) 825-8219 (No ext #)
(Name) (Telephone # & ext.)

Please return this form to:

Ms. Raphaela Miller, Provider Liaison
Division of Health Care Finance and Policy
Health Data Policy Group
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3145 Fax: 617-727-7662
E-mail: raphaela.miller@state.ma.us

transmit #
4047

NANTUCKET COTTAGE HOSPITAL

Medical Record Services

MAY 3, 2002

Ms. Raphaela Miller
Provider Liaison
Health Data Policy Group
Two Boylston Street.
Boston, MA 02116

Dear Raphaela:

SUBJECT: FY 2001 FINAL CASEMIX VERIFICATION

Thank you for running the resubmitted Casemix Data for FY 2001 final verification. The information in the report is an accurate reflection of the 545 cases that were submitted. However, the hospital's census information indicates a discrepancy of 6 cases for FY2001. The 6 cases were Newborns, which were registered without being system identified at the time of admission. This prevented the system to read these newborn cases as rate tape eligible. Copies of the corrected reports are attached. I have reviewed these discrepancies with the supervisor of the Registration Area in an effort to rectify these discrepancies up front.

I have revised the quarterly case data for the following reports:

- Source of Admission Frequency Report
- Admission Type Frequency Report
- Discharges by Age Category Frequency Report
- # of Diagnosis Codes per Discharge Frequency Report
- Patient Disposition Frequency Report
- Length of Stay Frequency Report
- AP 12 MDC's Listed in Rank Order
- AP 14 MDC's Listed in Rank Order
- AP15 MDC's Listed in Rank Order
- Discharge Month Frequency Report
- Primary Payer Type Frequency Report
- Patient Race Frequency Report
- Patient Sex Frequency Report
- Special Care Accommodation Information Report
- Top Principal E-Codes Frequency Report
- List of Top 20 AP 12 DRG's with most Total Discharges
- List of Top AP 14 DRG's with most Total Discharges
- List of Top AP 15 DRG's with most Total Discharges

2884

DIVISION OF HEALTH CARE
FINANCE AND POLICY
02 MAY -6 AM 10:32

I appreciate the opportunity to respond to the final FY 2001 casemix verification report and am very encouraged that there were only 6 case discrepancies, even though these cases compromised the outcomes for all reports.

Thank you for your ongoing assistance,

Lauren R. O'Donnell, RHIA

Lauren R. O'Donnell, RHIA
Medical Record Services Director

The Commonwealth of Massachusetts
The Division of Health Care Finance and Policy
Hospital Discharge Data
Source of Admission Frequency Report
Year 2001 - All Quarters Cumulative
Nantucket Cottage Hospital

4/3/02

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
0 - Information Not Available	1 0.79	0 0.00	0 0.00	0 0.00	1
1 - Direct Physician Referral	102 80.95	61 51.69	41 30.60	51 30.54	255
1 - Normal Delivery	20 15.87	20 14 11.86	17 12.69	18 10.78	69 75
4 - Transfer from an Acute Hospital	0 0.00	0 0.00	1 0.75	0 0.00	1
7 - Outside Hospital Emergency Room Transfer	2 1.59	43 36.44	75 55.97	98 58.68	218
9 - Other (to include Level 4 Nursing Facility)	1 0.79	0 0.00	0 0.00	0 0.00	1
Total	126	118 124	134	167	545 551

The Commonwealth of Massachusetts
Division of Health Care Finance and Policy
Hospital Discharge Data
Admission Type Frequency Report
Year 2001 - All Quarters Cumulative
Nantucket Cottage Hospital

4/3/02

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
1 - Emergency	6 4.76	2 1.69	10 7.46	0 0.00	18
2 - Urgent	91 72.22	81 68.64	92 68.66	126 75.45	390
3 - Elective	9 7.14	21 17.80	15 11.19	23 13.77	68
4 - Newborn	20 15.87	20 14 11.86	17 12.69	18 10.78	69 75
Total	126	48 124	134	167	345 557

The Commonwealth of Massachusetts
Division of Health Care Finance and Policy
Hospital Discharge Data
Discharges by Age Category Frequency Report
Year 2001 - All Quarters Cumulative
Nantucket Cottage Hospital

4/3/02

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Ages 0 - 14	26 20.63	25 +9 16.10	20 14.93	23 13.77	88 94
Ages 15 - 20	3 2.38	3 2.54	3 2.24	6 3.59	15
Ages 21 - 44	40 31.75	29 24.58	35 26.12	43 25.75	147
Ages 45 - 64	15 11.90	13 11.02	21 15.67	25 14.97	74
Ages 65 - 69	2 1.59	8 6.78	5 3.73	7 4.19	22
Ages 70 - 74	3 2.38	10 8.47	9 6.72	10 5.99	32
Ages 75 - 84	22 17.46	23 19.49	27 20.15	28 16.77	100
Ages 85+	15 11.90	13 11.02	14 10.45	25 14.97	67
Total	126	118 124	134	167	545 551

The Commonwealth of Massachusetts
Division of Health Care Finance and Policy
Hospital Discharge Data
Ancillary Services Frequency Report
Year 2001 - All Quarters Cumulative
Nantucket Cottage Hospital

4/3/02

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
250 - Pharmacy					
Total Discharges	110	108	114	146	478
Total Charges	55,822	56,137	61,852	55,419	229,230
% of Total Charges	15.98	16.06	14.99	12.83	
260 - IV Therapy					
Total Discharges	2	0	0	2	4
Total Charges	200	0	0	300	500
% of Total Charges	0.06	0.00	0.00	0.07	
270 - Medical/Surgical Supplie					
Total Discharges	99	88	102	126	415
Total Charges	30,135	25,861	27,847	28,859	112,702
% of Total Charges	8.63	7.40	6.75	6.68	
300 - Laboratory					
Total Discharges	99	86	109	136	430
Total Charges	82,081	77,063	123,144	130,390	412,678
% of Total Charges	23.50	22.04	29.84	30.18	
320 - Diagnostic Radiology					
Total Discharges	69	60	70	85	284
Total Charges	33,660	30,187	35,095	38,079	137,021
% of Total Charges	9.64	8.63	8.50	8.81	
350 - CAT Scan					
Total Discharges	18	16	22	27	83
Total Charges	25,428	24,609	26,771	42,243	119,051
% of Total Charges	7.28	7.04	6.49	9.78	

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
360 - Operating Room Services					
Total Discharges	11	9	13	15	48
Total Charges	23,296	32,208	29,580	28,437	113,521
% of Total Charges	6.67	9.21	7.17	6.58	
370 - Anesthesia					
Total Discharges	20	19	17	22	78
Total Charges	19,060	26,124	21,874	20,536	87,594
% of Total Charges	5.46	7.47	5.30	4.75	
390 - Blood Storage and Proces					
Total Discharges	13	20	16	16	65
Total Charges	4,300	10,856	9,187	11,702	36,045
% of Total Charges	1.23	3.10	2.23	2.71	
410 - Respiratory Services					
Total Discharges	44	0	0	0	44
Total Charges	11,932	0	0	0	11,932
% of Total Charges	3.42	0.00	0.00	0.00	
420 - Physical Therapy					
Total Discharges	20	14	23	19	76
Total Charges	11,090	7,864	12,606	14,040	45,600
% of Total Charges	3.18	2.25	3.05	3.25	
430 - Occupational Therapy					
Total Discharges	4	1	2	6	13
Total Charges	1,215	185	568	1,783	3,751
% of Total Charges	0.35	0.05	0.14	0.41	
440 - Speech-Language Pathology					
Total Discharges	5	5	3	3	16
Total Charges	1,170	925	1,611	1,347	5,053
% of Total Charges	0.33	0.26	0.39	0.31	
450 - Emergency Room					
Total Discharges	67	66	75	103	311
Total Charges	11,744	12,447	15,116	20,616	59,923
% of Total Charges	3.36	3.56	3.66	4.77	
480 - Cardiology					
Total Discharges	0	0	2	0	2
Total Charges	0	0	2,950	0	2,950
% of Total Charges	0.00	0.00	0.71	0.00	
540 - Ambulance					
Total Discharges	0	1	2	1	4
Total Charges	0	225	1,025	700	1,950
% of Total Charges	0.00	0.06	0.25	0.16	

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
610 - MRI					
Total Discharges	0	0	3	1	4
Total Charges	0	0	5,130	1,564	6,694
% of Total Charges	0.00	0.00	1.24	0.36	
710 - Recovery Room					
Total Discharges	14	19	10	10	53
Total Charges	5,040	9,360	4,800	4,800	24,000
% of Total Charges	1.44	2.68	1.16	1.11	
720 - Labor Room/Delivery					
Total Discharges	25	22	19	23	89
Total Charges	21,882	26,821	21,922	21,834	92,459
% of Total Charges	6.26	7.67	5.31	5.05	
730 - EKG/ECG (Electrocardiogr					
Total Discharges	40	28	44	53	165
Total Charges	5,740	5,813	7,860	6,745	26,158
% of Total Charges	1.64	1.66	1.90	1.56	
761 - Treatment Room					
Total Discharges	0	1	3	1	5
Total Charges	0	112	784	112	1,008
% of Total Charges	0.00	0.03	0.19	0.03	
762 - Observation Room					
Total Discharges	7	5	4	5	21
Total Charges	4,400	2,600	2,840	2,600	12,440
% of Total Charges	1.26	0.74	0.69	0.60	
900 - Psychiatric/Psychologica					
Total Discharges	6	0	1	0	7
Total Charges	1,092	0	84	0	1,176
% of Total Charges	0.31	0.00	0.02	0.00	
940 - Other Therapeutic Servic					
Total Discharges	0	1	0	0	1
Total Charges	0	250	0	0	250
% of Total Charges	0.00	0.07	0.00	0.00	
Total	673	569	654	800	2,696
	349,287	349,647	412,646	432,106	1,543,686

The Commonwealth of Massachusetts
Division of Health Care Finance and Policy
Hospital Discharge Data
Number of Diagnosis Codes Per Discharge Frequency Report
Year 2001 - All Quarters Cumulative
Nantucket Cottage Hospital

4/3/02

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
01	23 18.25	25 19 16.10	19 14.18	31 18.56	97 98
02	32 25.40	16 13.56	20 14.93	22 13.17	90
03	22 17.46	24 20.34	21 15.67	34 20.36	101
04	19 15.08	19 16.10	24 17.91	27 16.17	89
05	11 8.73	19 16.10	19 14.18	21 12.57	70
06	12 9.52	10 8.47	11 8.21	18 10.78	51
07	3 2.38	5 4.24	8 5.97	4 2.40	20
08	2 1.59	2 1.69	4 2.99	6 3.59	14
09	0 0.00	0 0.00	3 2.24	2 1.20	5
10	1 0.79	2 1.69	3 2.24	1 0.60	7

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
11	0 0.00	1 0.85	2 1.49	1 0.60	4
12	1 0.79	0 0.00	0 0.00	0 0.00	1
13	0 0.00	1 0.85	0 0.00	0 0.00	1
Total	126	118 124	134	167	645 551

The Commonwealth of Massachusetts
Division of Health Care Finance and Policy
Hospital Discharge Data
Patient Disposition Frequency Report
Year 2001 - All Quarters Cumulative
Nantucket Cottage Hospital

4/3/02		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
01 - Discharge/transferred to home or self care (routine discharge)		95 75.40	95 89 75.42	99 73.88	127 76.05	410 416
02 - Discharge/transferred to another short-term general hospital		8 6.35	9 7.63	12 8.96	12 7.19	41
03 - Discharge/transferred to Skilled Nursing Facility (SNF)		6 4.76	7 5.93	6 4.48	3 1.80	22
04 - Discharge/transferred to Intermediate Care Facility (ICF)		0 0.00	2 1.69	2 1.49	2 1.20	6
05 - Discharge/transferred to another type of institution for inpatient care or referred for ou		0 0.00	0 0.00	1 0.75	0 0.00	1
06 - Discharge/transferred to home under care of organized home health service organization		12 9.52	5 4.24	6 4.48	15 8.98	38
07 - Left against medical advice		1 0.79	0 0.00	1 0.75	1 0.60	3
11 - Discharge/transferred to mental health hospital		1 0.79	0 0.00	0 0.00	0 0.00	1
13 - Discharge/transferred to rehab hospital		2 1.59	0 0.00	1 0.75	3 1.80	6
20 - Expired (or did not recover - Christian Science Patient		1 0.79	6 5.08	6 4.48	4 2.40	17

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Total	126	118 124	134	167	545 551

The Commonwealth of Massachusetts
Division of Health Care Finance and Policy
Hospital Discharge Data
Length of Stay Frequency Report
Year 2001 - All Quarters Cumulative
Nantucket Cottage Hospital

4/3/02

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
01 Day	33 26.19	27 22.88	45 33.58	55 32.93	160
02 Days	37 29.37	34 30 25.42	28 20.90	41 24.55	136 140
03 Days	20 15.87	22 18.64	17 12.69	30 17.96	89
04 Days	13 10.32	12 10.17	15 11.19	15 8.98	55
05 Days	7 5.56	7 5 4.24	6 4.48	8 4.79	26 28
06 Days	4 3.17	3 2.54	8 5.97	5 2.99	20
07 Days	2 1.59	3 2.54	3 2.24	3 1.80	11
08 Days	3 2.38	5 4.24	3 2.24	1 0.60	12
09 Days	3 2.38	3 2.54	3 2.24	1 0.60	10
10 Days	0 0.00	4 3.39	0 0.00	2 1.20	6

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
11 to 19 Days	2 1.59	4 3.39	5 3.73	5 2.99	16
20 or More Days	2 1.59	0 0.00	1 0.75	1 0.60	4
Total	126	118 124	134	167	545 551

The Commonwealth of Massachusetts
Division of Health Care Finance and Policy
Hospital Discharge Data
AP 12 MDC's Listed In Rank Order
Year 2001 - All Quarters Cumulative
Nantucket Cottage Hospital

4/3/02

	Quarter 1	Quarter 2	Quarter 3	Total
(14) PREGNANCY, CHILD BIRTH & THE PUERPERIUM	26 20.63 2.54	21 17.80 2.67	20 14.93 2.95	67
(15) NEWBORNS & OTHER NEONATES	20 24 16.67 2.57	20 14 11.86 2.57	19 14.18 2.68	54 59
(05) DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM	18 14.29 2.83	14 11.86 3.43	21 15.67 2.67	53
(04) DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	13 10.32 4.38	16 14 11.86 4.71	25 18.66 5.52	52 54
(06) DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM	12 14 8.73 5.82	13 11.02 5.08	7 5.22 3.57	31 32
(08) DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM	3 2.38 5.33	8 6.78 5.75	4 5 3.73 3.60	16 15
(01) DISEASES & DISORDERS OF THE NERVOUS SYSTEM	8 6.35 5.38	1 0.85 1.00	5 3.73 4.00	14

	Quarter 1	Quarter 2	Quarter 3	Total
(18) INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR NBR of Discharges Percentage Avg Length of Stay	4-3 2.38 4.00	3 2.54 3.67	7 5.22 2.86	13 14
(23) FACTORS INFLUENCING HLTH STAT & OTHER CONTACTS NBR of Discharges Percentage Avg Length of Stay	1-2 1.59 1.50	6 5.08 4.17	2 1.49 11.00	10 9
(20) ALCOHOL/DRUG USE & ALCOHOL/DRUG INDUCED ORGAN NBR of Discharges Percentage Avg Length of Stay	3 2.38 2.00	2 1.69 1.00	5 3.73 1.20	10
(10) ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & NBR of Discharges Percentage Avg Length of Stay	1 0.79 2.00	6 5.08 1.83	3 2.24 1.67	10
(09) DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOU NBR of Discharges Percentage Avg Length of Stay	2 1.59 3.50	2 1.69 7.00	5 3.73 3.40	9
(21) INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS NBR of Discharges Percentage Avg Length of Stay	3 2.38 2.00	0 0.00 0.00	3 2.24 1.00	6
(19) MENTAL DISEASES & DISORDERS NBR of Discharges Percentage Avg Length of Stay	1 0.79 3.00	2 1.69 1.50	3 2.24 3.00	6
(07) DISEASES & DISORDERS OF THE HEPATOBIILIARY SYS NBR of Discharges Percentage Avg Length of Stay	4 3.17 1.50	2 1.69 2.00	0 0.00 0.00	6
(11) DISEASES & DISORDERS OF THE KIDNEY & URINARY NBR of Discharges Percentage Avg Length of Stay	1 0.79 5.00	3 2.54 4.33	1 0.75 1.00	5
(03) DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH NBR of Discharges Percentage Avg Length of Stay	2-3 2.38 1.67	0 0.00 0.00	2 1.49 4.00	5 4
(16) DISEASES & DISORDERS OF BLOOD, BLOOD FORMING NBR of Discharges Percentage Avg Length of Stay	1 0.79 1.00	2 1.69 2.50	1 0.75 1.00	4

	Quarter 1	Quarter 2	Quarter 3	Total
(24) HIV INFECTIONS				
NBR of Discharges	1	1	0	2
Percentage	0.79	1.69	0.00	
Avg Length of Stay	1.00	6.00	0.00	
(02) DISEASES & DISORDERS OF THE EYE				
NBR of Discharges	0	2	0	2
Percentage	0.00	1.69	0.00	
Avg Length of Stay	0.00	2.50	0.00	
(25) MULTIPLE SIGNIFICANT TRAUMA				
NBR of Discharges	1	0	0	1
Percentage	0.79	0.00	0.00	
Avg Length of Stay	1.00	0.00	0.00	
(12) DISEASES & DISORDERS OF THE MALE REPRODUCTIVE				
NBR of Discharges	0	1	0	1
Percentage	0.00	0.85	0.00	
Avg Length of Stay	0.00	7.00	0.00	
Total	426 125	448 125	134	378 384

The Commonwealth of Massachusetts
Division of Health Care Finance and Policy
Hospital Discharge Data

AP 14 MDC's Listed In Rank Order
Year 2001 - All Quarters Cumulative
Nantucket Cottage Hospital

4/3/02

	Quarter 1	Quarter 2	Quarter 3	Total
(14) PREGNANCY, CHILDBIRTH & THE PUERPERIUM NBR of Discharges Percentage Avg Length of Stay	26 20.63 2.54	21 17.80 2.67	20 14.93 2.95	67
(15) NEWBORNS & OTHER NEONATES NBR of Discharges Percentage Avg Length of Stay	21 16.67 2.57	20 14 11.86 2.57	19 14.18 2.68	54 60
(05) DISEASES & DISORDERS OF THE CIRCULATORY SYSTE NBR of Discharges Percentage Avg Length of Stay	18 14.29 2.83	14 11.86 3.43	21 15.67 2.67	53
(04) DISEASES & DISORDERS OF THE RESPIRATORY SYSTE NBR of Discharges Percentage Avg Length of Stay	13 10.32 4.38	14 11.86 4.71	25 18.66 5.52	52
(06) DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM NBR of Discharges Percentage Avg Length of Stay	11 8.73 5.82	13 11.02 5.08	7 5.22 3.57	31
(08) DISEASES & DISORDERS OF THE MUSCULOSKELETAL S NBR of Discharges Percentage Avg Length of Stay	3 2.38 5.33	8 6.78 5.75	5 3.73 3.60	16
(01) DISEASES & DISORDERS OF THE NERVOUS SYSTEM NBR of Discharges Percentage Avg Length of Stay	8 6.35 5.38	1 0.85 1.00	5 3.73 4.00	14

	Quarter 1	Quarter 2	Quarter 3	Total
(18) INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR NBR of Discharges Percentage Avg Length of Stay	3 2.38 4.00	3 2.54 3.67	7 5.22 2.86	13
(23) FACTORS INFLUENCING HLTH STAT & OTHER CONTACTS NBR of Discharges Percentage Avg Length of Stay	2 1.59 1.50	6 5.08 4.17	2 1.49 11.00	10
(20) ALCOHOL/DRUG USE & ALCOHOL/DRUG INDUCED ORGAN NBR of Discharges Percentage Avg Length of Stay	3 2.38 2.00	2 1.69 1.00	5 3.73 1.20	10
(10) ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & NBR of Discharges Percentage Avg Length of Stay	1 0.79 2.00	6 5.08 1.83	3 2.24 1.67	10
(09) DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOU NBR of Discharges Percentage Avg Length of Stay	2 1.59 3.50	2 1.69 7.00	5 3.73 3.40	9
(21) INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS NBR of Discharges Percentage Avg Length of Stay	3 2.38 2.00	0 0.00 0.00	3 2.24 1.00	6
(19) MENTAL DISEASES & DISORDERS NBR of Discharges Percentage Avg Length of Stay	1 0.79 3.00	2 1.69 1.50	3 2.24 3.00	6
(07) DISEASES & DISORDERS OF THE HEPATOBIILIARY SYS NBR of Discharges Percentage Avg Length of Stay	4 3.17 1.50	2 1.69 2.00	0 0.00 0.00	6
(11) DISEASES & DISORDERS OF THE KIDNEY & URINARY NBR of Discharges Percentage Avg Length of Stay	1 0.79 5.00	3 2.54 4.33	1 0.75 1.00	5
(03) DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH NBR of Discharges Percentage Avg Length of Stay	3 2.38 1.67	0 0.00 0.00	2 1.49 4.00	5
(16) DISEASES & DISORDERS OF BLOOD, BLOOD FORMING NBR of Discharges Percentage Avg Length of Stay	1 0.79 1.00	2 1.69 2.50	1 0.75 1.00	4

	Quarter 1	Quarter 2	Quarter 3	Total
(24) HIV INFECTIONS				
NBR of Discharges	1	2	0	3
Percentage	0.79	1.69	0.00	
Avg Length of Stay	1.00	6.00	0.00	
(02) DISEASES & DISORDERS OF THE EYE				
NBR of Discharges	0	2	0	2
Percentage	0.00	1.69	0.00	
Avg Length of Stay	0.00	2.50	0.00	
(25) MULTIPLE SIGNIFICANT TRAUMA				
NBR of Discharges	1	0	0	1
Percentage	0.79	0.00	0.00	
Avg Length of Stay	1.00	0.00	0.00	
(12) DISEASES & DISORDERS OF THE MALE REPRODUCTIVE				
NBR of Discharges	0	1	0	1
Percentage	0.00	0.85	0.00	
Avg Length of Stay	0.00	7.00	0.00	
Total	126	116 124	134	378 384

**The Commonwealth of Massachusetts
Division of Health Care Finance and Policy**

Hospital Discharge Data

**APR 15 MDC's Listed In Rank Order
Year 2001 - All Quarters Cumulative**

Nantucket Cottage Hospital

4/3/02

	Quarter 1	Quarter 2	Quarter 3	Total
(14) PREGNANCY, CHILD BIRTH & THE PUERPERIUM	26 20.63 2.54	21 17.80 2.67	20 14.93 2.95	67
(15) NEWBORNS & OTHER NEONATES	21 16.67 2.57	20 11.86 2.57	19 14.18 2.68	54 60
(05) DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM	18 14.29 2.83	14 11.86 3.43	21 15.67 2.67	53
(04) DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	13 10.32 4.38	14 11.86 4.71	25 18.66 5.52	52
(06) DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM	11 8.73 5.82	13 11.02 5.08	7 5.22 3.57	31
(08) DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM	3 2.38 5.33	8 6.78 5.75	5 3.73 3.60	16
(01) DISEASES & DISORDERS OF THE NERVOUS SYSTEM	8 6.35 5.38	1 0.85 1.00	5 3.73 4.00	14

	Quarter 1	Quarter 2	Quarter 3	Total
(18) INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR NBR of Discharges Percentage Avg Length of Stay	3 2.38 4.00	3 2.54 3.67	7 5.22 2.86	13
(23) FACTORS INFLUENCING HLTH STAT & OTHER CONTACTS NBR of Discharges Percentage Avg Length of Stay	2 1.59 1.50	6 5.08 4.17	2 1.49 11.00	10
(20) ALCOHOL/DRUG USE & ALCOHOL/DRUG INDUCED ORGAN NBR of Discharges Percentage Avg Length of Stay	3 2.38 2.00	2 1.69 1.00	5 3.73 1.20	10
(10) ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & NBR of Discharges Percentage Avg Length of Stay	1 0.79 2.00	6 5.08 1.83	3 2.24 1.67	10
(09) DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOU NBR of Discharges Percentage Avg Length of Stay	2 1.59 3.50	2 1.69 7.00	5 3.73 3.40	9
(21) INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS NBR of Discharges Percentage Avg Length of Stay	3 2.38 2.00	0 0.00 0.00	3 2.24 1.00	6
(19) MENTAL DISEASES & DISORDERS NBR of Discharges Percentage Avg Length of Stay	1 0.79 3.00	2 1.69 1.50	3 2.24 3.00	6
(07) DISEASES & DISORDERS OF THE HEPATOBIILIARY SYS NBR of Discharges Percentage Avg Length of Stay	4 3.17 1.50	2 1.69 2.00	0 0.00 0.00	6
(11) DISEASES & DISORDERS OF THE KIDNEY & URINARY NBR of Discharges Percentage Avg Length of Stay	1 0.79 5.00	3 2.54 4.33	1 0.75 1.00	5
(03) DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH NBR of Discharges Percentage Avg Length of Stay	3 2.38 1.67	0 0.00 0.00	2 1.49 4.00	5
(16) DISEASES & DISORDERS OF BLOOD, BLOOD FORMING NBR of Discharges Percentage Avg Length of Stay	1 0.79 1.00	2 1.69 2.50	1 0.75 1.00	4

	Quarter 1	Quarter 2	Quarter 3	Total
(24) HIV INFECTIONS	1 0.79 1.00	2 1.69 6.00	0 0.00 0.00	3
(02) DISEASES & DISORDERS OF THE EYE	0 0.00 0.00	2 1.69 2.50	0 0.00 0.00	2
(25) MULTIPLE SIGNIFICANT TRAUMA	1 0.79 1.00	0 0.00 0.00	0 0.00 0.00	1
(12) DISEASES & DISORDERS OF THE MALE REPRODUCTIVE	0 0.00 0.00	1 0.85 7.00	0 0.00 0.00	1
Total	126	118 124	134	378 384

The Commonwealth of Massachusetts
Division of Health Care Finance and Policy
Hospital Discharge Data
Discharge Month Frequency Report
Year 2001 - All Quarters Cumulative
Nantucket Cottage Hospital

4/3/02

	Total
1.1 October	46 8.44
1.2 November	42 7.71
1.3 December	38 6.97
2.1 January	30 5.50
2.2 February	49 8.99
2.3 March	43 39 7.16
3.1 April	39 38 6.97
3.2 May	35 6.42
3.3 June	61 11.19
4.1 July	65 11.93
4.2 August	58 10.64

Total	44 8.07
4.3 September	
Total	545 557

The Commonwealth of Massachusetts
Division of Health Care Finance and Policy
Hospital Discharge Data
Primary Payer Type Frequency Report
Year 2001 - All Quarters Cumulative
Nantucket Cottage Hospital

4/3/02

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
1 - Self Pay	6 4.76	15 11.02	6 4.48	11 6.59	36 38
2 - Worker's Compensation	0 0.00	0 0.00	1 0.75	0 0.00	1
3 - Medicare	44 34.92	51 41.53	49 36.57	63 37.72	205 207
4 - Medicaid	17 13.49	9 5.93	19 14.18	16 9.58	59 41
5 - Other Government Payment	0 0.00	0 0.00	1 0.75	0 0.00	1
6 - Blue Cross	33 26.19	36 29.66	32 23.88	33 19.76	133 134
7 - Commercial Insurance	22 17.46	13 11.02	21 15.67	37 22.16	93
9 - Free Care	4 3.17	1 0.85	5 3.73	7 4.19	17
Total	126	118 124	134	167	545 551

The Commonwealth of Massachusetts
Division of Health Care Finance and Policy
Hospital Discharge Data
Number of Procedure Codes Per Discharge Frequency Report
Year 2001 - All Quarters Cumulative
Nantucket Cottage Hospital

4/3/02

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
0	16 12.70	22 16 13.56	9 6.72	13 7.78	54 60
1	40 31.75	30 25.42	25 18.66	57 34.13	152
2	45 35.71	39 33.05	54 40.30	58 34.73	196
3	16 12.70	25 21.19	26 19.40	20 11.98	87
4	7 5.56	5 4.24	9 6.72	14 8.38	35
5	0 0.00	1 0.85	6 4.48	3 1.80	10
6	1 0.79	0 0.00	4 2.99	1 0.60	6
7	1 0.79	1 0.85	0 0.00	0 0.00	2
8	0 0.00	1 0.85	1 0.75	1 0.60	3
Total	126	118 124	134	167	545 557

The Commonwealth of Massachusetts
Division of Health Care Finance and Policy
Hospital Discharge Data
Patient Race Frequency Report
Year 2001 - All Quarters Cumulative
Nantucket Cottage Hospital

4/3/02

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Asian (3)	0 0.00	0 0.00	0 0.00	2 1.20	2
Black (2)	7 5.56	3 2.54	3 2.24	7 4.19	20
Hispanic (4)	5 3.97	2 1.69	9 6.72	8 4.79	24
Other (6)	0 0.00	1 0.85	0 0.00	0 0.00	1
Unknown (9)	2 1.59	1 0.85	0 0.00	0 0.00	3
White (1)	112 88.89	117 94.97 94.35	122 91.04	150 89.82	495
Total	126	118 124	134	167	545 551

The Commonwealth of Massachusetts
Division of Health Care Finance and Policy
Hospital Discharge Data
Routine Accommodation Information Report
Year 2001 - All Quarters Cumulative
Nantucket Cottage Hospital

4/3/02

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
(111) Medical/Surgical					
Total Routine Days	283	340	351	425	1,399
% of Routine Days	69.70	79.07	74.21	80.34	
Total Charges	248,975	285,625	298,775	351,300	1,184,675
Charge Per Day	879	840	851	826	
(112) Obstetrics					
Total Routine Days	64	54	70	59	247
% of Routine Days	15.76	12.56	14.80	11.15	
Total Charges	56,550	48,150	61,550	52,275	218,525
Charge Per Day	883	891	879	886	
(113) Pediatrics					
Total Routine Days	7	0	0	0	7
% of Routine Days	1.72	0.00	0.00	0.00	
Total Charges	6,125	0	0	0	6,125
Charge Per Day	875	0	0	0	
(170) Nursery					
Total Routine Days	52	36	52	45	185
% of Routine Days	12.81	8.37	10.99	8.51	
Total Charges	26,000	18,000	26,000	22,500	92,500
Charge Per Day	500	500	500	500	
Total	406	430	473	529	1,838
	337,650	351,775	386,325	426,075	1,501,825

The Commonwealth of Massachusetts
Division of Health Care Finance and Policy
Hospital Discharge Data
Patient Sex Frequency Report
Year 2001 - All Quarters Cumulative
Nantucket Cottage Hospital

4/3/02

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Female (F)	78 61.90	64 62 52 54 51 61	80 59.70	98 58.68	318
Male (M)	48 38.10	60 56 47 46 48 39	54 40.30	69 41.32	227
Total	126	118 124	134	167	545 551

The Commonwealth of Massachusetts
Division of Health Care Finance and Policy
Hospital Discharge Data
Special Care Accommodation Information Report
Year 2001 - All Quarters Cumulative
Nantucket Cottage Hospital

4/3/02

	Quarter 1	Quarter 2	Quarter 3	Total
(210) Coronary Care Unit				
Total Special Care Days	43	1	21	75
% of Special Care Days	100.00	100.00	100.00	
Total Charges	3,600	1,400	1,400	6,400
Charge Per Day	1,200	1,400	1,400	
Total	43	1	21	75
	3,600	1,400	1,400	6,400

The Commonwealth of Massachusetts
Division of Health Care Finance and Policy
Hospital Discharge Data
Top 20 Principal E-Codes Frequency Report
Year 2001 - All Quarters Cumulative
Nantucket Cottage Hospital

4/3/02

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
E888 - Other and unspecified accidental fall	1 7.69 1.00	3 17.65 5.67	7 33.33 3.43	6 37.50 8.00	17
E8809 - Accidental fall on or from other stairs or step	3 23.08 2.00	3 17.65 8.33	1 4.76 6.00	3 18.75 4.00	10
E9503 - Suicide and self-inflicted poisoning by tranqui	3 23.08 2.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	3
E9320 - Adrenal cortical steroids causing adverse effec	0 0.00 0.00	0 0.00 0.00	32 9.52 5.00	1 6.25 4.00	42
E8859 - Fall from other slipping, tripping, or stubmlin	1 7.69 1.00	2 11.76 4.00	0 0.00 0.00	0 0.00 0.00	3
E9500 - Suicide and self-inflicted poisoning by analges	1 0.00 0.00	0 0.00 0.00	2 9.52 1.00	0 0.00 0.00	32
E9426 - Other antihypertensive agents causing adverse e	0 0.00 0.00	1 5.88 8.00	1 4.76 1.00	0 0.00 0.00	2

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
E927 - Overexertion and strenuous movements	0 0.00 0.00	0 0.00 0.00	2 9.52 4.50	0 0.00 0.00	2
E8844 - Accidental fall from bed	1 7.69 13.00	1 5.88 10.00	0 0.00 0.00	0 0.00 0.00	2
E9805 - Poisoning by unspecified drug or medicinal subs	0 0.00 0.00	0 0.00 0.00	1 4.76 1.00	0 0.00 0.00	1
E9800 - Poisoning by analgesics, antipyretics, and anti	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	1 6.25 2.00	1
E956 - Suicide and self-inflicted injury by cutting and	1 7.69 6.00	0 0.00 0.00	1 0.00 0.00	0 0.00 0.00	2
E9509 - Suicide and self-inflicted poisoning by other a	2 0.00 0.00	0 0.00 0.00	1 4.76 1.00	0 0.00 0.00	3
E9504 - Suicide and self-inflicted poisoning by other s	0 0.00 0.00	0 0.00 0.00	1 4.76 1.00	0 0.00 0.00	1
E9444 - Other diuretics causing adverse effect in thera	0 0.00 0.00	1 5.88 1.00	0 0.00 0.00	0 0.00 0.00	1
E9433 - Other cathartics, including intestinal atonia d	0 0.00 0.00	0 0.00 0.00	1 4.76 3.00	0 0.00 0.00	1
E9421 - Cardiotonic glycosides and drugs of similar act	0 0.00 0.00	1 5.88 1.00	0 0.00 0.00	0 0.00 0.00	1
E9370 - Barbiturates causing adverse effect in therapau	0 0.00 0.00	0 0.00 0.00	1 4.76 5.00	0 0.00 0.00	1

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
E9364 - Anti-parkinsonism drugs causing adverse effect	0 0.00 0.00	1 5.88 7.00	0 0.00 0.00	0 0.00 0.00	1
E9353 - Salicylates causing adverse effect in therapeut	0 0.00 0.00	1 5.88 1.00	0 0.00 0.00	0 0.00 0.00	1
Total	13	17 14	21 22	16 11	67 60

**The Commonwealth of Massachusetts
Division of Health Care Finance and Policy**

Hospital Discharge Data

**List Of Top 20 AP 12 DRG's With Most Total Discharges
Year 2001 - All Quarters Cumulative**

Nantucket Cottage Hospital

4/3/02

	Quarter 1	Quarter 2	Quarter 3	Total
(629) NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W N	17 13.49 2.65	19 44 11.86 2.57	16 47 12.69 2.65	48 52
NBR of Discharges Percentage Avg Length of Stay				
(373) VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	11 40 7.94 2.10	14 43 11.02 2.38	6 5 3.73 2.20	28 31
NBR of Discharges Percentage Avg Length of Stay				
(371) CESAREAN SECTION W/O CC	7 5.56 3.86	4 3 2.54 4.00	6 4.48 4.50	16 17
NBR of Discharges Percentage Avg Length of Stay				
(089) SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	5 4 3.17 3.00	6 5.08 6.50	7 5 3.73 3.00	15 18
NBR of Discharges Percentage Avg Length of Stay				
(127) HEART FAILURE & SHOCK	7 6 4.76 2.17	4 3.39 5.50	5 3 2.24 1.33	13 16
NBR of Discharges Percentage Avg Length of Stay				
(088) CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1 0.79 6.00	1 0.85 3.00	10 7.46 8.00	12
NBR of Discharges Percentage Avg Length of Stay				
(372) VAGINAL DELIVERY W COMPLICATING DIAGNOSES	2 1.59 4.00	2 3 2.54 2.00	5 6 4.48 3.00	14 9
NBR of Discharges Percentage Avg Length of Stay				

	Quarter 1	Quarter 2	Quarter 3	Total
(467) OTHER FACTORS INFLUENCING HEALTH STATUS	1 0.79 2.00	6 5.08 4.17	2 1.49 11.00	9
NBR of Discharges Percentage Avg Length of Stay				
(139) CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/	0 1.59 4.00	1 0.85 7.00	6 4.48 1.00	9 7
NBR of Discharges Percentage Avg Length of Stay				
(143) CHEST PAIN	2 1.59 1.00	3 2.54 1.33	2 1.49 2.50	7
NBR of Discharges Percentage Avg Length of Stay				
(090) SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	2 1.59 6.00	1 0.85 4.00	3 2.24 1.67	6
NBR of Discharges Percentage Avg Length of Stay				
(541) RESPIRATORY DISORD EXCEPT INFECTIONS, BRONCH	2 1.59 5.50	1 0.85 9.00	2 1.49 6.50	5
NBR of Discharges Percentage Avg Length of Stay				
(416) SEPTICEMIA AGE >17	1 0.79 6.00	1 0.85 3.00	4 2.24 4.67	5 6
NBR of Discharges Percentage Avg Length of Stay				
(236) FRACTURES OF HIP & PELVIS	2 1.59 4.50	2 1.69 4.00	0 0.75 7.00	5 4
NBR of Discharges Percentage Avg Length of Stay				
(183) ESOPHAGITIS, GASTROENT & MISC DIGEST DISORD	4 3.17 2.25	0 0.00 0.00	1 0.75 2.00	5
NBR of Discharges Percentage Avg Length of Stay				
(025) SEIZURE & HEADACHE AGE >17 W/O CC	4 3.17 1.75	0 0.00 0.00	1 0.75 1.00	5
NBR of Discharges Percentage Avg Length of Stay				
(750) ALCOHOL ABUSE OR DEPENDENCE, W CC	2 1.59 2.50	0 0.00 0.00	2 1.49 1.50	4
NBR of Discharges Percentage Avg Length of Stay				
(430) PSYCHOSES	0 0.00 0.00	2 1.69 1.50	2 1.49 1.00	4
NBR of Discharges Percentage Avg Length of Stay				

	Quarter 1	Quarter 2	Quarter 3	Total
(384) OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPL	2 1.59 1.00	1 0.85 2.00	1 0.75 1.00	4
	NBR of Discharges Percentage Avg Length of Stay			
(383) OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLIC	2 1.59 1.00	0 0.00 0.00	2 1.49 1.00	4
	NBR of Discharges Percentage Avg Length of Stay			

The Commonwealth of Massachusetts
Division of Health Care Finance and Policy
Hospital Discharge Data
List Of Top 20 AP 14 DRG's With Most Total Discharges
Year 2001 - All Quarters Cumulative
Nantucket Cottage Hospital

4/3/02

	Quarter 1	Quarter 2	Quarter 3	Total
(629) NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W N	17 13.49 2.65	19 14 11.86 2.57	16 17 12.69 2.65	48 52
(373) VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	11 10 7.94 2.10	14 13 11.02 2.38	6 5 3.73 2.20	28 31
(371) CESAREAN SECTION W/O CC	7 5.56 3.86	4 3 2.54 4.00	6 4.48 4.50	16 17
(089) SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	5 4 3.17 3.00	6 5.08 6.50	7 5 3.73 3.00	18 18
(127) HEART FAILURE & SHOCK	7 6 4.76 2.17	4 3.39 5.50	5 3 2.24 1.33	13 16
(088) CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1 0.79 6.00	1 0.85 3.00	10 7.46 8.00	12
(372) VAGINAL DELIVERY W COMPLICATING DIAGNOSES	2 1.59 4.00	2 3 2.54 2.00	5 6 4.48 3.00	41 9

	Quarter 1	Quarter 2	Quarter 3	Total
(467) OTHER FACTORS INFLUENCING HEALTH STATUS	1 0.79 2.00	6 5.08 4.17	2 1.49 11.00	9
(139) CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/ NBR of Discharges Percentage Avg Length of Stay	0.2 1.59 4.00	1 0.85 7.00	6 4.48 1.00	7
(143) CHEST PAIN NBR of Discharges Percentage Avg Length of Stay	2 1.59 1.00	3 2.54 1.33	2 1.49 2.50	7
(090) SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC NBR of Discharges Percentage Avg Length of Stay	2 1.59 6.00	1 0.85 4.00	3 2.24 1.67	6
(541) RESPIRATORY DISORD EXCEPT INFECTIONS, BRONCH NBR of Discharges Percentage Avg Length of Stay	2 1.59 5.50	1 0.85 9.00	2 1.49 6.50	5
(416) SEPTICEMIA AGE >17 NBR of Discharges Percentage Avg Length of Stay	1 0.79 6.00	1 0.85 3.00	4.2 2.24 4.67	6
(236) FRACTURES OF HIP & PELVIS NBR of Discharges Percentage Avg Length of Stay	2 1.59 4.50	2 1.69 4.00	0.1 0.75 7.00	4
(183) ESOPHAGITIS, GASTROENT & MISC DIGEST DISORD NBR of Discharges Percentage Avg Length of Stay	4 3.17 2.25	0 0.00 0.00	1 0.75 2.00	5
(025) SEIZURE & HEADACHE AGE >17 W/O CC NBR of Discharges Percentage Avg Length of Stay	4 3.17 1.75	0 0.00 0.00	1 0.75 1.00	5
(750) ALCOHOL ABUSE OR DEPENDENCE, W CC NBR of Discharges Percentage Avg Length of Stay	2 1.59 2.50	0 0.00 0.00	2 1.49 1.50	4
(430) PSYCHOSES NBR of Discharges Percentage Avg Length of Stay	0 0.00 0.00	2 1.69 1.50	2 1.49 1.00	4

	Quarter 1	Quarter 2	Quarter 3	Total
(384) OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPL	2 1.59 1.00	1 0.85 2.00	1 0.75 1.00	4
	NBR of Discharges Percentage Avg Length of Stay			
(383) OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLIC	2 1.59 1.00	0 0.00 0.00	2 1.49 1.00	4
	NBR of Discharges Percentage Avg Length of Stay			

The Commonwealth of Massachusetts
Division of Health Care Finance and Policy
Hospital Discharge Data

List Of Top 20 APR 15 DRG's With Most Total Discharges
Year 2001 - All Quarters Cumulative
Nantucket Cottage Hospital

4/3/02

	Quarter 1	Quarter 2	Quarter 3	Total
(640) NEONATE, BWT >2499G, BORN HERE, NORMAL NB & NB	17 13.49 2.65	20 14 11.86 2.57	17 16 11.94 2.81	47 54
(560) VAGINAL DELIVERY	13 12 9.52 2.42	16 13.56 2.31	11 8.21 2.64	39 40
(139) SIMPLE PNEUMONIA	10 7.94 3.50	8 6.78 5.50	10 7.46 3.30	28
(540) CESAREAN DELIVERY	7 5.56 3.86	4 3.39 4.25	6 4.48 4.50	17
(194) HEART FAILURE	7 5.56 3.43	4 3.39 5.50	5 3.73 5.40	16
(201) CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	4 3.17 3.00	2 1.69 7.00	6 7 5.22 1.00	12 12
(140) CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1 0.79 6.00	1 0.85 3.00	10 7.46 8.00	12

	Quarter 1	Quarter 2	Quarter 3	Total
(862) OTHER FACTORS INFLUENCING HEALTH STATUS	NBR of Discharges Percentage Avg Length of Stay	1 0.79 2.00	6 5.08 4.17	2 1.49 11.00
(566) OTHER ANTEPARTUM DIAGNOSES	NBR of Discharges Percentage Avg Length of Stay	4 3.17 1.00	1 0.85 2.00	3 2.24 1.00
(720) SEPTICEMIA	NBR of Discharges Percentage Avg Length of Stay	2 1.59 3.50	1 0.85 3.00	4 2.99 4.00
(203) CHEST PAIN	NBR of Discharges Percentage Avg Length of Stay	2 1.59 1.00	3 2.54 1.33	2 1.49 2.50
(812) POISONING & TOXIC EFFECTS OF DRUGS	NBR of Discharges Percentage Avg Length of Stay	3 2.38 2.00	0 0.00 0.00	3 2.24 1.00
(775) ALCOHOL ABUSE & DEPENDENCE	NBR of Discharges Percentage Avg Length of Stay	2 1.59 2.50	2 0.85 1.00	5 2.24 1.33
(250) OTHER DIGESTIVE SYSTEM DIAGNOSES	NBR of Discharges Percentage Avg Length of Stay	1 0.79 1.00	2 1.69 8.00	2 1.49 4.50
(249) NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN	NBR of Discharges Percentage Avg Length of Stay	3 2.38 2.67	2 1.69 1.50	0 0.00 0.00
(240) DIGESTIVE MALIGNANCY	NBR of Discharges Percentage Avg Length of Stay	2 1.59 4.50	3 2.54 10.00	0 0.00 0.00
(204) SYNCOPE & COLLAPSE	NBR of Discharges Percentage Avg Length of Stay	2 1.59 1.00	1 0.85 1.00	2 1.49 1.00
(053) SEIZURE	NBR of Discharges Percentage Avg Length of Stay	5 1.59 7.00	1 0.85 1.00	2 1.49 3.50

	Quarter 1	Quarter 2	Quarter 3	Total
(663) RED BLOOD CELL DISORDERS EXCEPT SICKLE CELL	1	2	1	4
NBR of Discharges	0.79	1.69	0.75	
Percentage	1.00	2.50	1.00	
Avg Length of Stay				
(422) HYPOVOLEMIA & ELECTROLYTE DISORDERS	1	3	0	4
NBR of Discharges	0.79	2.54	0.00	
Percentage	2.00	1.67	0.00	
Avg Length of Stay				

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NEW ENGLAND MEDICAL CENTER

New England Medical Center's systems were unable to produce information consistent with the Division's report that would have enabled them to verify the payer and ancillary charge data. Thus, they were unable to state whether or not there were any discrepancies.

HEALTH DATA POLICY GROUP

FY 2001 FINAL CASEMIX VERIFICATION REPORT RESPONSE FORM

GENERAL INSTRUCTIONS:

Please review your hospital's Fiscal Year 2001 Final Casemix Verification report and check the appropriate response below. Please respond no later than May 15, 2002. Your hospital may submit additional written comments to the Division if it so desires.

- A. I have reviewed the final Casemix Verification Report and agree that the data as it appears on the Report is the data that was submitted to the Division, and that it accurately represents the hospital's casemix profile.
- B. ✓ I have reviewed the final Casemix Verification Report and agree that the data is accurate and complete except for discrepancies found in the following areas:

<u> </u> Type of Admission	<u> </u> Source of Admission	<u> </u> Age
<u> </u> Sex	<u> </u> Race	<u>✓</u> Payor
<u> </u> Length of Stay	<u> </u> Disposition	<u> </u> # of Diagnosis Codes p/Patie
<u> </u> Month of Discharge	<u> </u> DRGs	<u> </u> # of Procedure Codes p/Patie
<u> </u> Accommodation Charges	<u>✓</u> Ancillary Charges	<u> </u> Top 20 Principle Codes
<u> </u> Top 20 DRGs/Rank Order	<u> </u> # of Discharges	<u> </u> Top 20 MDCs/Rank Order

Check here if further details are enclosed.

Signature: Rachael Doyle

Title: Reimbursement Manager

Hospital: New England Medical Center

Date: 6/5/02

DIVISION OF HEALTH CARE
 FINANCE AND POLICY
 JUN -5 PM 4:39

If the Division should have any questions regarding the hospital's response, it should contact:

Rachael Doyle at (617) 636-2268
 (Name) (Telephone# & ext.)

Please return this form to: Jean Delahanty, Senior Analyst/Provider Liaison
 Division of Health Care Finance and Policy
 Health Data Policy Group
 Two Boylston Street
 Boston, MA 02116
 Telephone: 617-988-3151 Fax: 617-727-7662

New England Medical Center
A Lifespan Partner



TUFTS UNIVERSITY
 SCHOOL OF MEDICINE

June 6, 2002

Ms. Jean Delahanty
 Division of Health Care Finance and Policy
 Health Data Policy Group
 2 Boylston Street
 Boston, MA 0211

Via Fax

Dear Ms. Delahanty,

In follow up to New England Medical Center's FY 2001 Final Casemix Verification Report Response Form submission, I wanted to provide an explanation for flagging the Payor and Ancillary Charges reports. Our systems were unable to produce information consistently with your report that would have enabled us to verify the information. Since the information was not available to verify, we are unable to state that the data is accurate or whether we had any discrepancies with your information.

If you need additional information or have questions, please do not hesitate to contact me at (617) 636-2268. Thank you for your assistance.

Sincerely,

Rachael A. Doyle
 Reimbursement Manager

Accounts Payable
 Accounting Systems
 Administration
 Budget
 Financial Planning
 General Accounting
 Patient Accounts
 Payroll
 Reimbursement
 Research Finance
 Treasury

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NOBLE HOSPITAL

Noble Hospital reported discrepancies in two areas – Accommodation Charges and Ancillary Charges. Please see Verification Response Form and “Second Reconciliation” for further detail.

HEALTH DATA POLICY GROUP
FY 2001 FINAL CASEMIX VERIFICATION REPORT RESPONSE FORM
GENERAL INSTRUCTIONS:

Please review your hospital's Fiscal Year 2001 Final Casemix Verification report and check the appropriate response below. Please respond no later than May 22, 2002. Your hospital may submit additional written comments to the Division if it so desires.

A. _____ I have reviewed the final Casemix Verification Report and agree that the data as it appears on the Report is the data that was submitted to the Division, and that it accurately represents the hospital's casemix profile.

B. ☒ I have reviewed the final Casemix Verification Report and agree that the data is accurate and complete except for discrepancies found in the following areas:

_____ Type of Admission	_____ Source of Admission	_____ Age
_____ Sex	_____ Race	_____ Payor
_____ Length of Stay	_____ Disposition	_____ # of Diagnosis Codes p/Patie
_____ Month of Discharge	_____ DRGs	_____ # of Procedure Codes p/Patie
<input checked="" type="checkbox"/> Accommodation Charges	<input checked="" type="checkbox"/> Ancillary Charges	_____ Top 20 Principle E-Cod
_____ Top 20 DRGs/Rank Order	_____ # of Discharges	_____ Top 20 MDCs/Rank Order

Check here ☒ if further details are enclosed.

Signature: _____

Title: _____

Hospital: _____

Date: _____

If the Division should have any questions regarding the hospital's response, it should contact:

John Shaver at (413) 568-2811 ext 5528
(Name) (Telephone# & ext.)

Please return this form to: Jean Delahanty, Senior Analyst/Provider Liaison
Division of Health Care Finance and Policy
Health Data Policy Group
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3151 Fax: 617-727-7662

Rate Setting Analysis 2001
SECOND RECONCILIATION

Accommodation/Ancillary Charges per RSC Tapes

	Q1	Q2	Q3	Q4	Total
Med/Surg	1,735,442.00	1,876,047.00	1,720,498.00	1,562,276.00	6,894,263.00
ICU	461,059.00	591,664.00	440,871.00	631,869.00	2,125,463.00
Pedi	83,833.00	85,046.00	97,452.00	84,460.00	350,791.00
Psychiatric	978,456.00	1,174,887.00	883,410.00	1,159,932.00	4,196,685.00
Oncology	787.00	-	400.00	-	1,187.00
Rehabilitation	1,135,370.00	1,082,656.00	977,337.00	902,244.00	4,097,607.00
Ancillary Charges	5,015,847.00	5,302,859.00	5,051,368.00	5,000,974.00	20,371,048.00
Total	9,410,794.00	10,113,159.00	9,171,336.00	9,341,755.00	38,037,044.00

Meditech Reports

	Q1 Rerun	Q2 Rerun	Q3 Rerun	Q4 Rerun	Total
Med/Surg	1,735,441.00	1,873,575.80	1,718,515.50	1,556,159.70	6,883,692.00
ICU	461,068.00	590,237.00	440,883.00	631,884.00	2,124,072.00
Pedi	83,832.00	85,046.00	96,858.00	84,455.80	350,191.80
Psychiatric	978,435.90	1,174,858.00	883,381.50	1,159,718.50	4,196,393.90
Oncology	787.00	-	400.00	-	1,187.00
Rehabilitation	1,135,365.00	1,082,656.00	977,338.00	902,243.00	4,097,602.00
Ancillary Charges	5,015,690.83	5,295,640.18	5,052,175.93	4,984,100.80	20,347,607.74
Total	9,410,619.73	10,102,012.98	9,169,551.93	9,318,561.80	38,000,746.44

Variance

Med/Surg	1.00	2,471.20	1,982.50	6,116.30	10,571.00
ICU	(9.00)	1,427.00	(12.00)	(15.00)	1,391.00
Pedi	1.00	-	594.00	4.20	599.20
Psychiatric	20.10	29.00	28.50	213.50	291.10
Oncology	-	-	-	-	-
Rehabilitation	5.00	-	(1.00)	1.00	5.00
Ancillary Charges	156.17	7,218.82	(807.93)	16,873.20	23,440.26
	174.27	11,146.02	1,784.07	23,193.20	36,297.56

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

SAINT VINCENT HOSPITAL

Saint Vincent Hospital reported discrepancies in the categories of source of admission and ancillary charges. Please see Reports submitted by the hospital for further detail.

DIVISION OF HEALTH CARE FINANCE AND POLICY

HEALTH DATA POLICY GROUP

FY 2001 FINAL CASEMIX VERIFICATION REPORT RESPONSE FORM

GENERAL INSTRUCTIONS:

Please review your hospital's fiscal year 2001 Final Casemix Verification Report and check (✓) the appropriate response below. Please respond no later than March 29, 2002. Your hospital may submit additional written comments to the Division if it so desires.

- A. _____ I have reviewed the final Casemix Verification Report and agree that the data as it appears on the Report is the data that was submitted to the Division, and that it accurately represents the hospital's casemix profile.
- B. X I have reviewed the final Casemix Verification Report and agree that the data is accurate and complete except for discrepancies found in the following areas:

<input type="checkbox"/> Type of Admission	<input checked="" type="checkbox"/> Source of Admission	<input type="checkbox"/> Age
<input type="checkbox"/> Sex	<input type="checkbox"/> Race	<input type="checkbox"/> Payor
<input type="checkbox"/> Length of Stay	<input type="checkbox"/> Disposition	<input type="checkbox"/> # of Diagnosis Codes p/Patient
<input type="checkbox"/> Month of Discharge	<input type="checkbox"/> DRGs	<input type="checkbox"/> # of Procedure Codes p/Patient
<input type="checkbox"/> Accommodation Charges	<input checked="" type="checkbox"/> Ancillary Charges	<input type="checkbox"/> Top 20 Principle E-Codes
<input type="checkbox"/> Top 20 DRGs/Rank Order	<input type="checkbox"/> # of Discharges	<input type="checkbox"/> Top 20 MDCs/Rank Order

Check (✓) here → ☒ if further details are enclosed.

Signature: David P. Roy

Title: Director Systems Reimbursement

Hospital: St. Vincent Hospital, L.C.C.

Date: April 1, 2002

Fax #: 1-508-363-6887

E-mail: David.Roy@tenet-health.com

If the Division should have any questions regarding the hospital's response, it should contact:

J. Stephen Cedner at (98) 363-9010
(Name) (Telephone # & ext.)

Please return this form to:

Ms. Raphaela Miller, Provider Liaison
Division of Health Care Finance and Policy
Health Data Policy Group
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3145 Fax: 617-727-7662
E-mail: raphaela.miller@state.ma.us

The Commonwealth of Massachusetts
The Division of Health Care Finance and Policy
Hospital Discharge Data
Source of Admission Frequency Report
Year 2001 - All Quarters Cumulative
St. Vincents Hospital

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
1 - Direct Physician Referral	1,520 32.24	1,462 28.76	1,291 24.24	793 15.66	5,066
1 - Normal Delivery	443 9.40	443 8.72	501 9.41	459 9.06	1,846
2 - Within Hospital Clinic Referral	111 2.35	127 2.50	53 1.00	0 0.00	291
4 - Transfer from an Acute Hospital	224 4.75	269 5.29	127 2.38	0 0.00	620
5 - Transfer from a Skilled Nursing Facility	71 1.51	59 1.16	37 0.69	4 0.08	171
6 - Transfer from Intermediate Care Facility	124 2.63	154 3.03	70 1.31	0 0.00	348
7 - Outside Hospital Emergency Room Transfer	2,174 46.11	2,520 49.58	2,684 50.40	2,938 58.02	10,316
9 - Other (to include Level 4 Nursing Facility)	46 0.98	47 0.92	116 2.18	157 3.10	366
M - Walk-In/Self Referral	2 0.04	2 0.04	446 8.38	713 14.08	1,163

← S/B mostly
"K" with in hospital
Emergency Room
transfer

The Commonwealth of Massachusetts
Division of Health Care Finance and Policy
Hospital Discharge Data
Ancillary Services Frequency Report
Year 2001 - All Quarters Cumulative
St. Vincents Hospital

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
250 - Pharmacy					
Total Discharges	4,657	5,003	5,261	4,999	19,920
Total Charges	5,646,806	6,245,730	7,002,455	5,593,101	24,488,092
% of Total Charges	10.90	11.42	12.53	10.67	
270 - Medical/Surgical Supplies					
Total Discharges	3,640	4,125	4,321	3,609	15,695
Total Charges	12,880,307	12,507,164	13,060,006	13,035,129	51,482,606
% of Total Charges	24.87	22.87	23.36	24.88	
300 - Laboratory					
Total Discharges	4,260	4,601	4,800	4,658	18,319
Total Charges	6,390,873	6,837,587	6,501,529	6,289,429	26,019,418
% of Total Charges	12.34	12.50	11.63	12.00	
310 - Laboratory Pathological					
Total Discharges	720	747	855	793	3,115
Total Charges	566,749	549,745	668,202	619,863	2,404,559
% of Total Charges	1.09	1.01	1.20	1.18	
320 - Diagnostic Radiology					
Total Discharges	2,897	3,168	3,132	3,050	12,247
Total Charges	2,755,199	2,988,912	2,634,198	2,367,545	10,745,854
% of Total Charges	5.32	5.46	4.71	4.52	
330 - Therapeutic Radiology					
Total Discharges	25	27	36	43	131
Total Charges	84,567	64,573	112,358	142,413	403,911
% of Total Charges	0.16	0.12	0.20	0.27	

950 - Other	Total Discharges Total Charges % of Total Charges	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
980 - Professional Fees	Total Discharges Total Charges % of Total Charges	0 0 0.00	0 0 0.00	55 91,372 0.16	72 125,188 0.24	127 216,560
Total	Total Discharges Total Charges % of Total Charges	1,896 495,692 0.96	2,046 527,476 0.96	2,218 578,837 1.04	* 822 219,206 0.42	6,982 1,821,211
		36,896 51,791,658	40,142 54,699,257	42,347 55,903,892	38,703 52,396,700	158,088 214,791,507

* Revenue no longer feeds through
Patient account revenue system but
through external billing system booked
through GL.

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART D. CAUTIONARY USE HOSPITALS

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART D. CAUTIONARY USE HOSPITALS

Previous year's data contained a separate file for the failed submissions. Beginning with FY2000, the database contains all submissions together, both passed and failed submissions for all hospitals within the database. The failed submissions are marked with an asterisk for easy identification. New as of last year, the database now contains a supplementary report listing all top errors by hospitals. This list contains top errors for both passed and failed submissions. Although this is not a cautionary use listing, its purpose is to provide the user with an overview of all hospitals' top errors, not just the failed submissions. This report, called "Top Errors", is included on the database file.

The hospitals listed below are ones that submitted one or more quarters of data that was unacceptable as specified under Regulation 114.1 CMR 17.00.

CAUTIONARY USE HOSPITALS FOR FY2001:

For FY2001, two (2) hospitals had one or more quarters of failed or missing data and are considered cautionary use hospitals. They are as follows:

1. Kindred Hospital – Boston
2. Kindred Hospital – North Shore

1. Kindred Hospital – Boston

Kindred Hospital – Boston did not file a tape for Q4.

2. Kindred Hospital – North Shore

The tapes submitted for Q3 and Q4 failed mainly as a result of invalid Accommodation Revenue codes.

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

**PART E. HOSPITALS SUBMITTING DATA FOR
FY2001**

1. List of Hospitals Submitting Data for FY2001
2. Hospitals with No Data Submissions
3. Discharge Totals and Charges for Hospitals
Submitting Data By Quarter

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART E. HOSPITALS SUBMITTING DATA FOR FY 2001

1. LIST OF HOSPITALS SUBMITTING DATA FOR FY 2001

Anna Jaques Hospital	Mary Lane Hospital
Athol Memorial Hospital	Massachusetts Eye & Ear Infirmary
Baystate Medical Center	Massachusetts General Hospital
Berkshire Health Systems – Berkshire Medical Center	Mercy Hospital
Berkshire Health Systems – Hillcrest Hospital	Merrimack Valley Hospital
Beth Israel Deaconess	Metro West – Framingham Campus
Boston Medical Center	Metro West – Natick Campus
Brigham and Women’s Hospital	Milford-Whitinsville Regional Hospital
Brockton Hospital	Milton Hospital
Cambridge Health Alliance – Cambridge & Somerville Campuses	Morton Hospital
Cambridge Health Alliance – Malden Campus	Mount Auburn Hospital
Cambridge Health Alliance – Whidden Memorial Campus	Nantucket Cottage Hospital
Cape Cod Health System – Cape Cod Campus	New England Baptist Hospital
Cape Cod Health System – Falmouth Campus	New England Medical Center
Caritas Good Samaritan Medical Center	Newton-Wellesley Hospital
Caritas Norwood Hospital	Noble Hospital
Caritas Southwood Hospital	North Adams Regional Hospital
Carney Hospital	Northeast – Addison Gilbert Hospital Campus
Children’s Hospital	Northeast – Beverly Campus
Cooley Dickinson Hospital	North Shore Medical Center – Salem Hospital
Dana Farber Cancer Institute	North Shore Medical Center – Union Hospital
Deaconess-Glover Memorial Hospital	Providence Hospital
Deaconess-Nashoba Community Hospital	Quincy Hospital
Deaconess-Waltham Hospital	Saints Memorial Medical Center
Emerson Hospital	Southcoast Health Systems – Charlton
Memorial	
Fairview Hospital	Southcoast Health Systems – St. Luke’s
Hospital	
Faulkner Hospital	Southcoast Health Systems – Tobey
Hospital	
Franklin Medical Center	South Shore Hospital
Hallmark Health Systems – Lawrence Memorial Campus	St. Anne’s Hospital
Hallmark Health Systems – Melrose-Wakefield Campus	St. Elizabeth’s Medical Center
Harrington Memorial Hospital	St. Vincent Hospital
Heywood Hospital	Sturdy Memorial Hospital
Holy Family Hospital	UMass. Memorial – Clinton Hospital
Holyoke Hospital	UMass. Memorial – Health Alliance Hospitals, Inc.
Hubbard Regional Hospital	UMass. Memorial – Marlborough Hospital
Jordan Hospital	UMass. Memorial – Medical Center
Kindred Hospital – Boston	UMass. Memorial – Wing Memorial
Hospital	
Kindred Hospital – North Shore	Winchester Hospital
Lahey Clinic Hospital	
Lawrence General Hospital	
Lowell General Hospital	
Martha’s Vineyard Hospital	

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART E. HOSPITALS SUBMITTING DATA FOR FY 2001

2. HOSPITALS WITH NO DATA REPORTED FOR FY 2001

The Division is pleased to report that all Massachusetts acute-care hospitals reported case mix and charge data for fiscal year 2001. Please see Part D. Cautionary Use Hospitals for information on hospitals with missing or problematic quarters.

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART E. HOSPITALS SUBMITTING DATA FOR FY 2001

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

The following is a list of hospitals submitting data with discharge totals and charges by quarter. It is included here as a means of enabling users to crosscheck the contents of the electronic data file they receive.

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Anna Jaques Hospital	2006	1,897	\$16,191,781.00
2	Anna Jaques Hospital		2,059	\$19,986,651.00
3	Anna Jaques Hospital		2,008	\$17,803,162.00
4	Anna Jaques Hospital		2,200	\$18,693,970.00
1	Athol Memorial Hospital	2226	324	\$1,938,150.00
2	Athol Memorial Hospital		332	\$2,144,807.00
3	Athol Memorial Hospital		310	\$2,170,435.00
4	Athol Memorial Hospital		285	\$1,758,522.00
1	Baystate Medical Center	2339	8,756	\$115,895,522.00
2	Baystate Medical Center		9,123	\$119,132,681.00
3	Baystate Medical Center		9,311	\$123,335,475.00
4	Baystate Medical Center		9,060	\$118,283,115.00
1	Berkshire Health Systems - Berkshire Medical Center	2313	2,749	\$29,089,331.00
2	Berkshire Health Systems - Berkshire Medical Center		2,989	\$37,758,962.00
3	Berkshire Health Systems - Berkshire Medical Center		2,998	\$35,261,567.00
4	Berkshire Health Systems - Berkshire Medical Center		2,909	\$35,532,499.00
1	Berkshire Health Systems - Hillcrest Hospital	2231	263	\$1,107,303.00
2	Berkshire Health Systems - Hillcrest Hospital		315	\$1,213,652.00
3	Berkshire Health Systems - Hillcrest Hospital		335	\$1,217,047.00
4	Berkshire Health Systems - Hillcrest Hospital		339	\$1,184,542.00
1	Beth Israel Deaconess	2069	9,500	\$168,855,124.00
2	Beth Israel Deaconess		9,232	\$164,885,375.00
3	Beth Israel Deaconess		9,312	\$164,124,483.00
4	Beth Israel Deaconess		8,959	\$157,090,156.00
1	Boston Medical Center	2307	6,197	\$80,549,474.00
2	Boston Medical Center		6,208	\$80,792,027.00
3	Boston Medical Center		6,338	\$82,852,554.00
4	Boston Medical Center		6,556	\$87,277,816.00
1	Brigham and Women's Hospital	2921	12,426	\$318,504,124.00
2	Brigham and Women's Hospital		11,596	\$306,895,886.00
3	Brigham and Women's Hospital		12,473	\$316,036,883.00
4	Brigham and Women's Hospital		12,472	\$319,240,096.00

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Brockton Hospital	2118	3,843	\$29,685,697.00
2	Brockton Hospital		3,864	\$31,093,017.00
3	Brockton Hospital		3,644	\$28,653,379.00
4	Brockton Hospital		3,499	\$28,140,971.00
1	Cambridge Health Alliance – Cambridge & Somerville	2108	2,479	\$35,177,174.00
2	Cambridge Health Alliance – Cambridge & Somerville		2,692	\$37,397,800.00
3	Cambridge Health Alliance – Cambridge & Somerville		2,848	\$39,089,778.00
4	Cambridge Health Alliance – Cambridge & Somerville		2,689	\$35,622,314.00
1	Cambridge Health Alliance – Malden Campus	2041	199	\$2,738,771.00
2	Cambridge Health Alliance – Malden Campus		242	\$4,237,943.00
3	Cambridge Health Alliance – Malden Campus		243	\$4,393,233.00
4	Cambridge Health Alliance – Malden Campus		51	\$700,141.00
1	Cambridge Health Alliance – Whidden Memorial	2046	1,098	\$7,348,869.00
2	Cambridge Health Alliance – Whidden Memorial		1,063	\$8,198,767.00
3	Cambridge Health Alliance – Whidden Memorial		982	\$8,460,940.00
4	Cambridge Health Alliance – Whidden Memorial		1,111	\$9,018,861.00
1	Cape Cod Health System – Cape Cod Campus	2135	3,958	\$33,402,905.00
2	Cape Cod Health System – Cape Cod Campus		4,017	\$33,547,169.00
3	Cape Cod Health System – Cape Cod Campus		4,105	\$33,994,717.00
4	Cape Cod Health System – Cape Cod Campus		4,460	\$38,715,981.00
1	Cape Cod Health System – Falmouth Campus	2289	1,523	\$12,807,927.00
2	Cape Cod Health System – Falmouth Campus		1,554	\$13,800,416.00
3	Cape Cod Health System – Falmouth Campus		1,628	\$13,690,811.00
4	Cape Cod Health System – Falmouth Campus		1,607	\$13,712,477.00
1	Caritas Good Samaritan Medical Center	2101	2,386	\$19,901,550.00
2	Caritas Good Samaritan Medical Center		2,547	\$21,898,831.00
3	Caritas Good Samaritan Medical Center		2,643	\$22,855,577.00
4	Caritas Good Samaritan Medical Center		2,559	\$22,762,432.00
1	Caritas Norwood Hospital	2114	3,507	\$30,823,769.00
2	Caritas Norwood Hospital		3,477	\$31,167,997.00
3	Caritas Norwood Hospital		3,478	\$30,208,839.00
4	Caritas Norwood Hospital		3,373	\$30,156,426.00
1	Caritas Southwood Hospital	2009	317	\$842,060.00
2	Caritas Southwood Hospital		324	\$808,466.00
3	Caritas Southwood Hospital		353	\$915,835.00
4	Caritas Southwood Hospital		365	\$982,964.00
1	Carney Hospital	2003	2,028	\$19,793,652.00
2	Carney Hospital		2,220	\$22,891,551.00
3	Carney Hospital		2,184	\$20,828,486.00
4	Carney Hospital		2,116	\$20,524,091.00
1	Children's Hospital	2139	3,971	\$83,438,619.00
2	Children's Hospital		4,167	\$88,394,828.00
3	Children's Hospital		3,989	\$108,764,405.00
4	Children's Hospital		3,988	\$112,295,612.00

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Cooley Dickinson Hospital	2155	2,045	\$14,209,802.00
2	Cooley Dickinson Hospital		2,144	\$15,419,177.00
3	Cooley Dickinson Hospital		2,198	\$14,955,095.00
4	Cooley Dickinson Hospital		2,099	\$13,982,085.00
1	Dana Farber Cancer Institute	2335	244	\$10,153,125.00
2	Dana Farber Cancer Institute		237	\$9,480,226.00
3	Dana Farber Cancer Institute		236	\$14,642,062.00
4	Dana Farber Cancer Institute		223	\$9,901,592.00
1	Deaconess-Glover Memorial Hospital	2054	463	\$6,314,407.00
2	Deaconess-Glover Memorial Hospital		484	\$6,409,719.00
3	Deaconess-Glover Memorial Hospital		469	\$5,826,246.00
4	Deaconess-Glover Memorial Hospital		511	\$5,825,590.00
1	Deaconess-Nashoba Community Hospital	2298	602	\$4,058,293.00
2	Deaconess-Nashoba Community Hospital		596	\$4,054,168.00
3	Deaconess-Nashoba Community Hospital		571	\$3,829,694.00
4	Deaconess-Nashoba Community Hospital		508	\$3,702,556.00
1	Deaconess-Waltham	2067	1,432	\$13,504,469.00
2	Deaconess-Waltham		1,466	\$15,577,637.00
3	Deaconess-Waltham		1,471	\$14,474,471.00
4	Deaconess-Waltham		1,353	\$13,120,654.00
1	Emerson Hospital	2018	2,271	\$24,038,695.00
2	Emerson Hospital		2,369	\$25,533,967.00
3	Emerson Hospital		2,396	\$25,116,530.00
4	Emerson Hospital		2,331	\$22,869,945.00
1	Fairview Hospital	2052	386	\$4,545,654.00
2	Fairview Hospital		394	\$4,627,279.00
3	Fairview Hospital		416	\$4,336,298.00
4	Fairview Hospital		395	\$3,270,221.00
1	Faulkner Hospital	2048	1,511	\$19,283,273.00
2	Faulkner Hospital		1,855	\$22,572,019.00
3	Faulkner Hospital		1,959	\$22,810,349.00
4	Faulkner Hospital		1,940	\$22,029,734.00
1	Franklin Medical Center	2120	1,226	\$12,177,536.00
2	Franklin Medical Center		1,273	\$12,998,581.00
3	Franklin Medical Center		1,310	\$12,045,865.00
4	Franklin Medical Center		1,173	\$10,775,508.00
1	Hallmark Health – Lawrence Memorial Campus	2038	1,336	\$13,080,489.00
2	Hallmark Health – Lawrence Memorial Campus		1,319	\$13,240,535.00
3	Hallmark Health – Lawrence Memorial Campus		1,179	\$11,871,157.00
4	Hallmark Health – Lawrence Memorial Campus		1,168	\$12,409,509.00
1	Hallmark Health – Melrose Wakefield Campus	2058	3,250	\$22,051,443.00
2	Hallmark Health – Melrose Wakefield Campus		3,110	\$21,938,217.00
3	Hallmark Health – Melrose Wakefield Campus		3,198	\$21,172,795.00
4	Hallmark Health – Melrose Wakefield Campus		3,071	\$21,724,827.00

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Harrington Memorial Hospital	2143	899	\$6,083,634.00
2	Harrington Memorial Hospital		930	\$6,253,340.00
3	Harrington Memorial Hospital		858	\$6,055,937.00
4	Harrington Memorial Hospital		888	\$6,106,460.00
1	Heywood Hospital	2036	1,307	\$10,504,510.00
2	Heywood Hospital		1,399	\$11,415,278.00
3	Heywood Hospital		1,396	\$10,661,517.00
4	Heywood Hospital		1,348	\$10,053,151.00
1	Holy Family Hospital	2225	3,099	\$25,464,907.00
2	Holy Family Hospital		3,280	\$27,686,468.00
3	Holy Family Hospital		3,246	\$28,146,305.00
4	Holy Family Hospital		3,377	\$26,681,888.00
1	Holyoke Hospital	2145	1,779	\$15,103,431.00
2	Holyoke Hospital		1,822	\$15,275,337.00
3	Holyoke Hospital		1,853	\$15,774,786.00
4	Holyoke Hospital		1,734	\$14,695,236.00
1	Hubbard Regional Hospital	2157	505	\$3,672,848.00
2	Hubbard Regional Hospital		522	\$3,932,080.00
3	Hubbard Regional Hospital		553	\$3,934,979.00
4	Hubbard Regional Hospital		487	\$3,447,903.00
1	Jordan Hospital	2082	1,918	\$14,896,869.00
2	Jordan Hospital		2,010	\$16,686,190.00
3	Jordan Hospital		2,100	\$17,944,075.00
4	Jordan Hospital		2,067	\$18,030,563.00
1	Kindred Hospital – Boston	2091	161	\$10,084,795.00
2	Kindred Hospital – Boston		165	\$12,504,310.00
3	Kindred Hospital – Boston		165	\$10,898,172.00
4	Kindred Hospital – Boston			
1	Kindred Hospital – North Shore	2171	114	\$8,943,826.00
2	Kindred Hospital – North Shore		99	\$6,175,854.00
3	Kindred Hospital – North Shore			
4	Kindred Hospital – North Shore			
1	Lahey Clinic Hospital	2033	4,280	\$64,182,377.00
2	Lahey Clinic Hospital		4,069	\$66,393,818.00
3	Lahey Clinic Hospital		4,244	\$69,076,753.00
4	Lahey Clinic Hospital		4,325	\$68,200,214.00
1	Lawrence General Hospital	2099	2,444	\$21,581,899.00
2	Lawrence General Hospital		2,457	\$22,924,164.00
3	Lawrence General Hospital		2,444	\$23,146,350.00
4	Lawrence General Hospital		2,537	\$21,846,380.00
1	Lowell General Hospital	2040	3,146	\$20,804,310.00
2	Lowell General Hospital		3,379	\$21,944,321.00
3	Lowell General Hospital		3,118	\$20,572,223.00
4	Lowell General Hospital		3,131	\$18,814,153.00

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Martha's Vineyard Hospital	2042	204	\$1,595,860.00
2	Martha's Vineyard Hospital		175	\$1,400,539.00
3	Martha's Vineyard Hospital		228	\$1,720,870.00
4	Martha's Vineyard Hospital		247	\$2,102,436.00
1	Mary Lane Hospital	2148	400	\$2,935,011.00
2	Mary Lane Hospital		452	\$3,326,190.00
3	Mary Lane Hospital		447	\$3,105,444.00
4	Mary Lane Hospital		407	\$2,769,374.00
1	Mass. Eye & Ear Infirmary	2167	440	\$5,108,083.00
2	Mass. Eye & Ear Infirmary		483	\$5,422,669.00
3	Mass. Eye & Ear Infirmary		499	\$5,536,536.00
4	Mass. Eye & Ear Infirmary		452	\$4,396,558.00
1	Mass General Hospital	2168	11,131	\$333,563,078.00
2	Mass General Hospital		10,882	\$330,079,571.00
3	Mass General Hospital		11,261	\$354,114,557.00
4	Mass General Hospital		11,304	\$341,247,193.00
1	Mercy Hospital	2149	2,865	\$37,117,510.00
2	Mercy Hospital		2,960	\$39,152,860.00
3	Mercy Hospital		3,051	\$39,579,986.00
4	Mercy Hospital		3,051	\$38,671,008.00
1	Merrimack Valley Hospital	2131	1,036	\$8,537,326.00
2	Merrimack Valley Hospital		954	\$7,731,862.00
3	Merrimack Valley Hospital		895	\$7,192,401.00
4	Merrimack Valley Hospital		438	\$3,621,585.00
1	Metro West Medical Center – Framingham Campus	2020	2,827	\$28,661,225.00
2	Metro West Medical Center – Framingham Campus		2,770	\$30,563,316.00
3	Metro West Medical Center – Framingham Campus		2,827	\$28,461,240.00
4	Metro West Medical Center – Framingham Campus		2,837	\$28,030,404.00
1	Metro West Medical Center – Natick Campus	2039	1,275	\$18,149,230.00
2	Metro West Medical Center – Natick Campus		1,280	\$19,443,341.00
3	Metro West Medical Center – Natick Campus		1,288	\$20,334,083.00
4	Metro West Medical Center – Natick Campus		1,211	\$17,733,731.00
1	Milford-Whitinsville Regional Hospital	2105	1,960	\$18,257,272.00
2	Milford-Whitinsville Regional Hospital		2,024	\$21,327,795.00
3	Milford-Whitinsville Regional Hospital		2,142	\$19,440,416.00
4	Milford-Whitinsville Regional Hospital		2,150	\$19,780,111.00
1	Milton Hospital	2227	1,044	\$8,697,901.00
2	Milton Hospital		1,088	\$9,404,980.00
3	Milton Hospital		1,109	\$9,065,606.00
4	Milton Hospital		1,049	\$9,116,357.00
1	Morton Hospital	2022	1,956	\$13,639,611.00
2	Morton Hospital		2,039	\$15,472,088.00
3	Morton Hospital		1,874	\$14,493,185.00
4	Morton Hospital		1,742	\$13,013,169.00

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Mt. Auburn Hospital	2071	3,045	\$17,610,745.00
2	Mt. Auburn Hospital		3,091	\$88,441.00
3	Mt. Auburn Hospital		3,206	\$29,567,813.00
4	Mt. Auburn Hospital		3,205	\$30,457,711.00
1	Nantucket Cottage Hospital	2044	126	\$690,537.00
2	Nantucket Cottage Hospital		118	\$702,822.00
3	Nantucket Cottage Hospital		134	\$800,371.00
4	Nantucket Cottage Hospital		167	\$858,181.00
1	New England Baptist Hospital	2059	1,183	\$22,999,604.00
2	New England Baptist Hospital		1,192	\$25,793,674.00
3	New England Baptist Hospital		1,229	\$25,968,727.00
4	New England Baptist Hospital		1,210	\$25,224,941.00
1	New England Medical Center	2299	4,221	\$112,364,097.00
2	New England Medical Center		4,191	\$112,790,842.00
3	New England Medical Center		4,455	\$118,433,146.00
4	New England Medical Center		4,332	\$114,637,629.00
1	Newton-Wellesley Hospital	2075	3,957	\$34,075,986.00
2	Newton-Wellesley Hospital		4,018	\$36,631,004.00
3	Newton-Wellesley Hospital		3,995	\$36,963,725.00
4	Newton-Wellesley Hospital		3,616	\$32,853,812.00
1	Noble Hospital	2076	887	\$9,410,794.00
2	Noble Hospital		890	\$10,117,579.00
3	Noble Hospital		893	\$9,171,336.00
4	Noble Hospital		831	\$9,341,755.00
1	North Adams Regional Hospital	2061	966	\$7,372,372.00
2	North Adams Regional Hospital		943	\$7,427,836.00
3	North Adams Regional Hospital		1,001	\$7,307,787.00
4	North Adams Regional Hospital		942	\$6,714,158.00
1	Northeast Health Systems – Addison Gilbert Campus	2016	562	\$3,936,317.00
2	Northeast Health Systems – Addison Gilbert Campus		631	\$4,702,212.00
3	Northeast Health Systems – Addison Gilbert Campus		536	\$3,952,881.00
4	Northeast Health Systems – Addison Gilbert Campus		560	\$3,824,928.00
1	Northeast Health Systems – Beverly Hospital Campus	2007	3,991	\$27,547,838.00
2	Northeast Health Systems – Beverly Hospital Campus		4,192	\$29,354,790.00
3	Northeast Health Systems – Beverly Hospital Campus		4,093	\$29,994,559.00
4	Northeast Health Systems – Beverly Hospital Campus		3,950	\$29,317,299.00
1	North Shore Medical Center – Salem Hospital	2014	3,637	\$24,501,889.00
2	North Shore Medical Center – Salem Hospital		3,680	\$26,244,234.00
3	North Shore Medical Center – Salem Hospital		3,800	\$25,943,000.00
4	North Shore Medical Center – Salem Hospital		3,690	\$24,752,864.00
1	North Shore Medical Center – Union Hospital	2073	1,568	\$15,661,513.00
2	North Shore Medical Center – Union Hospital		1,614	\$15,821,936.00
3	North Shore Medical Center – Union Hospital		1,639	\$15,544,672.00
4	North Shore Medical Center – Union Hospital		1,593	\$14,586,483.00

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
	Providence Hospital	2150	994	\$9,046,259.00
	Providence Hospital		998	\$10,005,806.00
	Providence Hospital		1,034	\$9,859,898.00
	Providence Hospital		1,000	\$10,542,517.00
	Quincy Hospital	2151	1,808	\$20,506,706.00
	Quincy Hospital		1,894	\$22,507,268.00
	Quincy Hospital		1,861	\$21,374,229.00
	Quincy Hospital		1,776	\$20,812,850.00
	Saints Memorial Medical Center	2063	1,831	\$16,417,627.00
	Saints Memorial Medical Center		1,869	\$17,285,355.00
	Saints Memorial Medical Center		1,682	\$14,613,426.00
	Saints Memorial Medical Center		1,739	\$14,581,852.00
	Southcoast Health Systems – Charlton Memorial	2337	3,756	\$35,749,614.00
	Southcoast Health Systems – Charlton Memorial		4,073	\$39,954,435.00
	Southcoast Health Systems – Charlton Memorial		4,119	\$37,702,893.00
	Southcoast Health Systems – Charlton Memorial		3,905	\$35,639,471.00
	Southcoast Health Systems - St. Luke's Hospital	2010	4,647	\$41,063,371.00
	Southcoast Health Systems - St. Luke's Hospital		4,793	\$43,523,019.00
	Southcoast Health Systems - St. Luke's Hospital		4,825	\$42,235,982.00
	Southcoast Health Systems - St. Luke's Hospital		4,852	\$41,494,858.00
	Southcoast Health Systems - Tobey Hospital	2106	1,065	\$8,254,985.00
	Southcoast Health Systems - Tobey Hospital		1,137	\$8,839,377.00
	Southcoast Health Systems - Tobey Hospital		1,124	\$8,471,802.00
	Southcoast Health Systems - Tobey Hospital		1,042	\$8,028,787.00
	South Shore Hospital	2107	4,757	\$33,219,208.00
	South Shore Hospital		5,260	\$37,104,346.00
	South Shore Hospital		5,205	\$36,689,782.00
	South Shore Hospital		5,193	\$34,921,706.00
	St. Anne's Hospital	2011	1,427	\$16,308,161.00
	St. Anne's Hospital		1,512	\$16,010,553.00
	St. Anne's Hospital		1,492	\$18,968,325.00
	St. Anne's Hospital		1,404	\$17,427,952.00
	St. Elizabeth's	2085	4,016	\$73,125,705.00
	St. Elizabeth's		3,953	\$72,008,442.00
	St. Elizabeth's		4,146	\$75,553,844.00
	St. Elizabeth's		3,941	\$71,853,449.00
	Saint Vincent Hospital	2128	4,715	\$67,565,304.00
	Saint Vincent Hospital		5,083	\$72,209,828.00
	Saint Vincent Hospital		5,325	\$73,293,030.00
	Saint Vincent Hospital		5,064	\$69,301,520.00
	Sturdy Memorial Hospital	2100	1,905	\$13,014,354.00
	Sturdy Memorial Hospital		1,917	\$14,080,063.00
	Sturdy Memorial Hospital		2,005	\$13,224,528.00
	Sturdy Memorial Hospital		1,908	\$13,893,664.00

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
	UMass. Memorial – Clinton Hospital	2126	352	\$3,301,944.00
	UMass. Memorial – Clinton Hospital		405	\$3,904,118.00
	UMass. Memorial – Clinton Hospital		406	\$4,072,233.00
	UMass. Memorial – Clinton Hospital		384	\$3,478,747.00
	UMass. Memorial – Health Alliance Hospitals, Inc.	2034	2,260	\$15,821,818.00
	UMass. Memorial – Health Alliance Hospitals, Inc.		2,335	\$16,552,079.00
	UMass. Memorial – Health Alliance Hospitals, Inc.		2,277	\$15,629,960.00
	UMass. Memorial – Health Alliance Hospitals, Inc.		2,149	\$14,803,851.00
	UMass. Memorial - Marlborough Hospital	2103	946	\$7,818,538.00
	UMass. Memorial - Marlborough Hospital		972	\$8,182,608.00
	UMass. Memorial - Marlborough Hospital		857	\$7,311,527.00
	UMass. Memorial - Marlborough Hospital		816	\$7,356,276.00
	UMass. Memorial Medical Center	2841	10,037	\$160,254,105.00
	UMass. Memorial Medical Center		10,122	\$156,974,962.00
	UMass. Memorial Medical Center		10,629	\$166,399,802.00
	UMass. Memorial Medical Center		10,462	\$156,407,669.00
	UMass. Memorial – Wing Memorial Hospital	2181	522	\$3,461,784.00
	UMass. Memorial – Wing Memorial Hospital		555	\$3,830,746.00
	UMass. Memorial – Wing Memorial Hospital		531	\$3,664,935.00
	UMass. Memorial – Wing Memorial Hospital		558	\$3,695,351.00
	Winchester Hospital	2094	3,305	\$19,212,073.00
	Winchester Hospital		3,317	\$19,919,322.00
	Winchester Hospital		3,427	\$20,117,486.00
	Winchester Hospital		3,290	\$19,115,672.00
	TOTALS		810,565	\$10,838,004,490.00
			Total Discharges	Total Charges

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART F. SUPPLEMENTARY INFORMATION

Supplement I Type A Errors and Type B Errors
Supplement II Content of Hospital Verification Report Package
Supplement III Profile: Hospital, Address, DPH Hospital ID Number
Supplement IV Mergers, Name Changes, Closures, Conversions &
Non-Acute Care Hospitals

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT I. TYPE 'A' ERRORS AND TYPE 'B' ERRORS

TYPE 'A' ERRORS:

Record Type
Submitter Name
Receiver ID
DPH Hospital Computer Number
Type of Batch
Period Starting Date
Period Ending Date
Medical Record Number
Patient Sex
Patient Birth Date
Admission Date
Discharge Date
Primary Source of Payment
Patient Status
Billing Number
Primary Payer Type
Claim Certificate Number
Secondary Payer Type
Mother's Medical Record Number
Primary National Payer Identification Number
Secondary National Payer Identification Number
Revenue Code
Units of Service
Total Charges (By Revenue Code)
Principal Diagnosis Code
Associate Diagnosis Code (I-XIV)
Number of ANDS
Principal Procedure Code
Significant Procedure Codes (I-XIV)
Physical Record Count
Record Type 2X Count
Record Type 3X Count
Record Type 4X Count
Record Type 5X Count
Record Type 6X Count

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART F. SUPPLEMENTARY INFORMATION

TYPE 'A' ERRORS (Continued):

Total Charges: Special Services
Total Charges: Routine Services
Total Charges: Ancillaries
Total Charges: (ALL Charges)
Number of Discharges
Total Charges: Accommodations
Submitter Employer Identification Number (EIN)
Number of Providers on Tape
Count of Batches
Batch Counts (11, 22, 33, 99)

TYPE 'B' ERRORS:

Patient Race
Type of Admission
Source of Admission
Patient Zip Code
Veteran Status
Patient Social Security Number
Birth Weight - Grams
Employer Zip Code
Mother's Social Security Number
Facility Site Number
External Cause of Injury Code
Attending Physician License Number
Operating Physician License Number
Other Caregiver
Date of Principal Procedure
Date of Significant Procedures (I & II)

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT II.
CONTENT OF HOSPITAL VERIFICATION REPORT PACKAGE

- The **Hospital Verification Report** includes the following frequency distribution tables:

Type of Admission
Source of Admission
Age
Sex
Race
Payer
Length of Stay
Disposition Status
Number of Diagnosis Codes Used Per Patient
Number of Procedure Codes Used Per Patient
Month of Discharge

*DRGs

Accommodation Charge Information
Ancillary Charge Information
Top 20 Principal E Codes
Top 20 DRG'S With Most Total Discharges
MDCs Listed In Rank Order Including DRG (468 - 470)
MDCs Listed In Rank Order Excluding DRG (468 - 470)

- **Verification Response Form:** Completed by hospitals after data verification and returned to the Division of Health Care Finance and Policy.

* **NOTE:** Hospital discharges were grouped with All Patient-DRG Groupers, Version 8.1, Version 12.0, and Version 14.0. A discharge report showing counts by DRG for both groupers was supplied to hospitals for verification. Any discrepancies are documented in Part C, beginning on page 23.

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base
PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT III. PROFILE: HOSPITAL, ADDRESS, DPH ID NUMBER

<p>Anna Jaques Hospital 25 Highland Avenue Newburyport, MA 01950 DPH ID #: 2006 Organization ID #: 1</p>	<p>Athol Memorial Hospital 2033 Main Street Athol, MA 01331 DPH ID #: 2226 Organization ID #: 2</p>
<p>Baystate Medical Center 3601 Main Street Springfield, MA 01107-1116 DPH ID #: 2339 Organization ID #: 4</p>	<p>Berkshire Health Systems, Inc. Berkshire Medical Center Campus 725 North Street Pittsfield, MA 01201 DPH ID #: 2313 Organization ID #: 7</p>
<p>Berkshire Health Systems, Inc. Hillcrest Hospital Campus 165 Tor Court Road Pittsfield, MA 01201 DPH ID #: 2231 Organization ID #: 9</p>	<p>Beth Israel Deaconess Medical Center 330 Brookline Avenue Boston, MA 02215 DPH ID #: 2069 Organization ID #: 10</p>
<p>Boston Medical Center 88 East Newton Street Boston, MA 02118 DPH ID #: 2307 Organization ID #: 16</p>	<p>Brigham & Women's Hospital 75 Francis Street Boston, MA 02115 DPH ID #: 2921 Organization ID #: 22</p>
<p>Brockton Hospital 680 Centre Street Brockton, MA 02402 DPH ID #: 2118 Organization ID #: 25</p>	<p>Cambridge Health Alliance Cambridge & Somerville 65 Beacon Street Somerville, MA 02143 DPH ID #: 2108 Organization ID #: 27</p>
<p>Cambridge Health Alliance – Malden 100 Hospital Road Malden, MA 02148 DPH ID #: 2041 Organization ID #: 67</p>	<p>Cambridge Health Alliance – Whidden 103 Garland Street Everett, MA 02149 DPH ID #: 2046 Organization ID #: 142</p>

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT III. PROFILE: HOSPITAL, ADDRESS, DPH ID NUMBER

Cape Cod Health Systems – Cape Cod Hospital Campus 27 Park Street Hyannis, MA 02601 DPH ID #: 2135 Organization ID #: 39	Cape Cod Health Systems Falmouth Hospital Campus 100 Ter Heun Drive Falmouth, MA 02540 DPH ID #: 2289 Organization ID #: 40
Caritas Good Samaritan Medical Center 235 North Pearl Street Brockton, MA 02301 DPH ID #: 2101 Organization ID #: 62	Caritas Norwood Hospital 800 Washington Street Norwood, MA 02062 DPH ID #: 2114 Organization ID #: 41
Caritas Southwood Hospital 111 Dedham Street Norfolk, MA 02056 DPH ID #: 2009 Organization ID #: 440	Carney Hospital 2100 Dorchester Avenue Dorchester, MA 02124 DPH ID #: 2003 Organization ID #: 42
Children's Hospital 300 Longwood Avenue Boston, MA 02115 DPH ID #: 2139 Organization ID #: 46	Cooley Dickinson Hospital 30 Locust Street Northampton, MA 01060-5001 DPH ID #: 2155 Organization ID #: 50
Dana Farber Cancer Institute 44 Binney Street Boston, MA 02115 DPH ID #: 2335 Organization ID #: 51	Deaconess-Glover Memorial Hospital 148 Chestnut Street Needham, MA 02192 DPH ID #: 2054 Organization ID #: 53
Deaconess-Nashoba Hospital 200 Groton Road Ayer, MA 01432 DPH ID #: 2298 Organization ID #: 52	Deaconess-Waltham Hospital Hope Avenue Waltham, MA 02254 DPH ID #: 2067 Organization ID #: 54

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT III. PROFILE: HOSPITAL, ADDRESS, DPH ID NUMBER

Emerson Hospital Route 2 Concord, MA 01742 DPH ID #: 2018 Organization ID #: 57	Fairview Hospital 29 Lewis Avenue Great Barrington, MA. 01230 DPH ID #: 2052 Organization ID #: 8
Faulkner Hospital 1153 Centre Street Jamaica Plain, MA 02130 DPH ID #: 2048 Organization ID #: 59	Franklin Medical Center 164 High Street Greenfield, MA 01301 DPH ID #: 2120 Organization ID #: 5
Hallmark Health Care – Lawrence Memorial Hospital Campus 170 Governors Avenue Medford, MA 02155 DPH ID #: 2038 Organization ID #: 66	Hallmark Health Care – Melrose-Wakefield Hospital Campus 585 Lebanon Street Melrose, MA 02176 DPH ID #: 2058 Organization ID #: 141
Harrington Memorial Hospital 100 South Street Southbridge, MA 01550 DPH ID #: 2143 Organization ID #: 68	Heywood Hospital 242 Green Street Gardner, MA 01440 DPH ID #: 2036 Organization ID #: 73
Holy Family Hospital 70 East Street Methuen, MA 01844 DPH ID #: 2225 Organization ID #: 75	Holyoke Hospital 575 Beech Street Holyoke, MA 01040 DPH ID #: 2145 Organization ID #: 77
Hubbard Regional Hospital 340 Thompson Road Webster, MA 01570 DPH ID #: 2157 Organization ID #: 78	Jordan Hospital 275 Sandwich Street Plymouth, MA 02360 DPH ID #: 2082 Organization ID #: 79

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT III. PROFILE: HOSPITAL, ADDRESS, DPH ID NUMBER

Kindred Hospital – Boston 1515 Commonwealth Avenue Brighton, MA 02135 DPH ID #: 2091 Organization ID #: 136	Kindred Hospital – North Shore 15 King Street Peabody, MA 01960 DPH ID #: 2171 Organization ID #: 135
Lahey Clinic 41 Mall Road Burlington, MA 01805 DPH ID #: 2033 Organization ID #: 81	Lawrence General Hospital One General Street Lawrence, MA 01842-0389 DPH ID #: 2099 Organization ID #: 83
Lowell General Hospital 295 Varnum Avenue Lowell, MA 01854 DPH ID #: 2040 Organization ID #: 85	Martha's Vineyard Hospital Linton Lane Oak Bluffs, MA 02557 DPH ID #: 2042 Organization ID #: 88
Mary Lane Hospital 85 South Street Ware, MA 01082 DPH ID #: 2148 Organization ID #: 6	Massachusetts Eye and Ear Infirmary 243 Charles Street Boston, MA 02114-3096 DPH ID #: 2167 Organization ID #: 89
Massachusetts General Hospital 55 Fruit Street Boston, MA 02114 DPH ID #: 2168 Organization ID #: 91	Mercy Hospital 271 Carew Street Springfield, MA 01102 DPH ID #: 2149 Organization ID #: 119
Merrimack Valley Hospital 140 Lincoln Avenue Haverhill, MA 01830-6798 DPH ID #: 2131 Organization ID #: 70	MetroWest Medical Center Framingham Hospital Campus 115 Lincoln Street Framingham, MA. 01701 DPH ID #: 2020 Organization ID #: 49

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Fiscal Year 2001 Hospital Discharge Data Base

PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT III. PROFILE: HOSPITAL, ADDRESS, DPH ID NUMBER

<p>MetroWest Medical Center Natick Campus 67 Union Street Natick, MA. 01760 DPH ID #: 2039 Organization ID #: 457</p>	<p>Milford-Whitinsville Regional Hospital 14 Prospect Street Milford, MA 01757 DPH ID #: 2105 Organization ID #: 97</p>
<p>Milton Hospital 92 Highland Street Milton, MA 02186 DPH ID #: 2227 Organization ID #: 98</p>	<p>Morton Hospital and Medical Center 88 Washington Street Taunton, MA 02780 DPH ID #: 2022 Organization ID #: 99</p>
<p>Mount Auburn Hospital 330 Mt. Auburn Street Cambridge, MA 02238 DPH ID #: 2071 Organization ID #: 100</p>	<p>Nantucket Cottage Hospital 57 Prospect Street Nantucket, MA 02554 DPH ID #: 2044 Organization ID #: 101</p>
<p>New England Baptist Hospital 125 Parker Hill Avenue Boston, MA 02120 DPH ID #: 2059 Organization ID #: 103</p>	<p>New England Medical Center 750 Washington Street Boston, MA 02111 DPH ID #: 2299 Organization ID #: 104</p>
<p>Newton-Wellesley Hospital 2014 Washington Street Newton, MA 02162 DPH ID #: 2075 Organization ID #: 105</p>	<p>Noble Hospital 115 West Silver Street Westfield, MA 01086 DPH ID #: 2076 Organization ID #: 106</p>
<p>North Adams Regional Hospital Hospital Avenue North Adams, MA 01247 DPH ID #: 2061 Organization ID #: 107</p>	<p>Northeast Health Systems – Addison Gilbert Campus 298 Washington Street Gloucester, MA 01930 DPH ID #: 2016 Organization ID #: 109</p>

General Documentation

Fiscal Year 2001 Hospital Discharge Data Base

PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT III. PROFILE: HOSPITAL, ADDRESS, DPH ID NUMBER

Northeast Health Systems – Beverly Campus 85 Herrick Street Beverly, MA 01915 DPH ID #: 2007 Organization ID #: 110	North Shore Medical Center - Salem 81 Highland Avenue Salem, MA. 01970 DPH ID #: 2014 Organization ID #: 116
North Shore Medical Center – Union 500 Lynnfield Street Lynn, MA 01904-1424 DPH ID #: 2073 Organization ID #: 3	Providence Hospital 1233 Main Street Holyoke, MA 01040 DPH ID #: 2150 Organization ID #: 118
Quincy Hospital 114 Whitwell Street Quincy, MA 02169 DPH ID #: 2151 Organization ID #: 112	Saints Memorial Medical Center One Hospital Drive Lowell, MA 01852 DPH ID #: 2063 Organization ID #: 115
Southcoast Health Systems – Charlton Memorial Hospital 363 Highland Avenue Fall River, MA 02720 DPH ID #: 2337 Organization ID #: 123	Southcoast Health Systems – St. Luke's Hospital 101 Page Street New Bedford, MA 02740 DPH ID #: 2010 Organization ID #: 124
Southcoast Health Systems - Tobey Hospital 43 High Street Wareham, MA 02571 DPH ID #: 2106 Organization ID #: 145	South Shore Hospital 55 Fogg Road South Weymouth, MA 02190 DPH ID #: 2107 Organization ID #: 122
St. Anne's Hospital 795 Middle Street Fall River, MA 02721 DPH ID #: 2011 Organization ID #: 114	St. Elizabeth's Medical Center 736 Cambridge Street Brighton, MA 02135 DPH ID #: 2085 Organization ID #: 126

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT III. PROFILE: HOSPITAL, ADDRESS, DPH ID NUMBER

St. Vincent Hospital 25 Winthrop Street Worcester, MA 01604 DPH ID #: 2128 Organization ID #: 127	Sturdy Memorial Hospital 211 Park Street Attleboro, MA 02703 DPH ID #: 2100 Organization ID #: 129
UMass. Memorial – Clinton Hospital 201 Highland Street Clinton, MA 01510 DPH ID #: 2126 Organization ID #: 132	UMass. Memorial – Health Alliance Hospitals, Inc. - Leominster & Burbank Hospital Campuses 60 Hospital Road Leominster, MA 01453-8004 DPH ID #: 2034 Organization ID #: 71
University of Massachusetts Memorial Health Care - Marlborough Hospital 57 Union Street Marlborough, MA 01752-9981 DPH ID #: 2103 Organization ID #: 133	University of Massachusetts Memorial Health Care - Memorial Medical Center 120 Front Street Worcester, MA 01608 DPH ID #: 2841 Organization ID #: 131
University of Massachusetts Memorial Health Care - Wing Memorial Hospital 40 Wright Street Palmer, MA 01069-1187 DPH ID #: 2181 Organization ID #: 139	Winchester Hospital 500 Salem Street Wilmington, MA 01887 DPH ID #: 2094 Organization ID #: 138

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PART F. SUPPLEMENTARY INFORMATION

**SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES, CONVERSIONS AND
NON-ACUTE CARE HOSPITALS**

MERGERS

ORIGINAL ENTITIES	NAME OF NEW ENTITY	EFFECTIVE DATE
Berkshire Medical Center Hillcrest Hospital & Fairview Hospital	Berkshire Health System	July, 1996
Beth Israel Hospital N.E. Deaconess Hospital	Beth Israel Deaconess Medical Center	October, 1996
Boston University Medical Center Boston City Hospital Boston Specialty/Rehab	Boston Medical Center Corporation	July, 1996
Cambridge Hospital Somerville Hospital	The Cambridge Health Alliance – Please note that Cambridge and Somerville used to submit data separately in the past. This year they are submitting under one name. In future years, they may use the Facility Site Number to identify each individual facility's discharges.	July, 1996
Hallmark Health – Malden Hospital	Cambridge Health Alliance – Malden Campus	April, 2001
Hallmark Health – Whidden Memorial Hospital	Cambridge Health Alliance – Whidden Memorial	July, 2001
Cape Cod Hospital Falmouth Hospital	Cape Cod Health Systems	January, 1996
Cardinal Cushing General Hospital Goddard Memorial Hospital	Good Samaritan Medical Center	October, 1993
Lawrence Memorial Hospital, Malden Hospital, and Unicare Health Systems (Melrose-Wakefield, and Whidden Memorial Hospital)	Hallmark Health Systems Inc.	October, 1997
Burbank Hospital & Leominster Hospital	Health Alliance, Inc.	November, 1994

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PART F. SUPPLEMENTARY INFORMATION

**SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES, CONVERSIONS AND
NON-ACUTE CARE HOSPITALS**

MERGERS

ORIGINAL ENTITIES	NAME OF NEW ENTITY	EFFECTIVE DATE
Holden District Hospital Worcester Hahnemann Hospital Worcester Memorial Hospital	Medical Center of Central Massachusetts	October, 1989
Mercy Hospital and Providence Hospital	Sisters of Providence	June, 1997
Leonard Morse Hospital and Framingham Union Hospital	MetroWest Medical Center	January, 1992
Beverly Hospital and Addison Gilbert Hospital	Northeast Health Systems	October, 1996
Salem Hospital and North Shore Children's Hospital	North Shore Medical Center	April, 1988
St. John's Hospital and St. Joseph's Hospital	Saints Memorial Medical Center, Inc.	October, 1992
Charlton Memorial Hospital St. Lukes' Hospital and Tobey Hospital	Southcoast Health System	June, 1996
Memorial Health Care and University of Mass. Medical Center	UMass/Memorial Medical Center	April, 1999
Melrose-Wakefield Hospital Whidden Memorial Hospital	Unicare Health Systems	July, 1996

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PART F. SUPPLEMENTARY INFORMATION

**SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES, CONVERSIONS AND
NON-ACUTE CARE HOSPITALS**

NAME CHANGES

ORIGINAL NAME	NEW NAME	COMMENTS
Beth Israel Hospital and N.E. Deaconess Hospital	Beth Israel/Deaconess Medical Center	
Boston City Hospital and University Hospital	Boston Medical Center	
New England Memorial Hospital	Boston Regional Medical Center	Now Closed
Cambridge Hospital and Somerville Hospital	Cambridge Health Alliance	
Hallmark Health System – Malden & Whidden	Cambridge Health Alliance – Malden & Whidden	
Cape Cod Hospital and Falmouth Hospital	Cape Cod Health Care Systems	
Cardinal Cushing Hospital and Goddard Memorial Hospital	Caritas Good Samaritan Medical Center	
Norwood Hospital, Southwood Hospital & Good Samaritan Med. Ctr.	Caritas Norwood, Caritas Southwood, Caritas Good Samaritan Medical Center	
Framingham Union Hospital and Leonard Morse Hospital	Tenet MetroWest Medical Center (formerly Columbia MetroWest Medical Center)	
Glover Memorial Hospital	Deaconess-Glover Hospital	
Nashoba Community Hospital	Deaconess-Nashoba Hospital	

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART F. SUPPLEMENTARY INFORMATION

**SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES, CONVERSIONS AND
NON-ACUTE CARE HOSPITALS**

NAME CHANGES

ORIGINAL NAME	NEW NAME	COMMENTS
Waltham/Weston Hospital	Deaconess-Waltham Hospital	
Lawrence Memorial Hospital, Melrose-Wakefield Hospital	Hallmark Health System, Inc.	
Bon Secours Hospital	Holy Family Hospital	
Lahey Hitchcock Clinic	Lahey Clinic Hospital	
Quincy City Hospital	Quincy Hospital	
Beverly Hospital and Addison Gilbert Hospital	Northeast Health Systems	
Salem Hospital and North Shore Children's Hospital	North Shore Medical Center (Salem)	
Union Hospital	North Shore Medical Center (Union)	
Charlton Memorial Hospital, St.Luke's Hospital and Tobey Hospital	SouthCoast Health Systems	

General Documentation
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PART F. SUPPLEMENTARY INFORMATION

**SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES, CONVERSIONS AND
NON-ACUTE CARE HOSPITALS**

NAME CHANGES

ORIGINAL NAME	NEW NAME	COMMENTS
Haverhill Municipal (Hale) Hospital	Merrimack Valley Hospital	Essent Health Care purchased this facility in September 2001
Vencor Hospitals – Boston & North Shore	Kindred Hospitals – Boston & North Shore	
Clinton Hospital	UMass. Memorial Health Care – Clinton Hospital	
Health Alliance Hospital	UMass. Memorial Health Care – Health Alliance Hospital	
Marlborough Hospital	UMass. Memorial Health Care – Marlborough Hospital	
Wing Memorial Hospital	UMass. Memorial Health Care – Wing Memorial Hospital	
U.Mass. Medical Center	U.Mass Memorial Health Care - UMass. Memorial Medical Center	

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART F. SUPPLEMENTARY INFORMATION

**SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES, CONVERSIONS AND
NON-ACUTE CARE HOSPITALS**

CLOSURES

HOSPITAL	COMMENTS
Amesbury Hospital	Closed
Boston Regional Hospital	Closed
Burbank Hospital	Closed
Goddard Hospital	Closed
Hunt Memorial Hospital	Closed. Now only Outpatient Services
Ludlow Hospital	Closed
Lynn Hospital	Closed
Mary Alley Hospital	Closed
Massachusetts Osteopathic Hospital	Closed
Medical Center of Symmes	Closed
St. Luke's Hospital in Middleborough	Closed
St. Margaret's Hospital for Women	Closed
Worcester City Hospital	Closed

NOTE: Subsequent to closure some hospitals may have re-opened for uses other than an acute hospital (e.g. health care center, rehabilitation hospital).

General Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART F. SUPPLEMENTARY INFORMATION

**SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES, CONVERSIONS AND
NON-ACUTE CARE HOSPITALS**

CONVERSIONS & NON-ACUTE CARE HOSPITALS

HOSPITAL	COMMENTS
Fairlawn Hospital	Converted to a non-acute hospital
Heritage Hospital	Converted to non-acute hospital
Vencor – Kindred Hospital Boston	Non-acute care hospital
Vencor – Kindred Hospital North Shore	Non-acute care hospital

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

SECTION II. TECHNICAL DOCUMENTATION

**PART A. CALCULATED FIELD
DOCUMENTATION**

1. Age Calculation
2. Newborn Age
3. Preoperative Days
4. Length of Stay (LOS) Calculation
5. Length of Stay (LOS) Routine
6. Unique Health Information Number
7. Days Between Stays

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

SECTION II. TECHNICAL DOCUMENTATION

For your information, we have included a page of physical specifications for the data file at the beginning of this manual. Please refer to the CD Specifications on page 2 for further information.

Technical Documentation included in this section of the manual is as follows:

- PART A. CALCULATED FIELD DOCUMENTATION**
- PART B. DATA FILES SUMMARY**
- PART C. REVENUE CODE MAPPINGS**
- PART D. ALPHABETICAL SOURCE OF PAYMENT LIST**
- PART E. NUMERICAL SOURCE OF PAYMENT LIST**

Record lay out gives a description of each field along with the starting and ending positions. A copy of this lay out accompanies this manual for the users review.

Calculated fields are age, newborn age in weeks, preoperative days, and length of stay. Each description has three parts:

First is a description of any **Conventions**. For example, how are missing values used?

Second is a **Brief Description** of how the fields are calculated. This description leaves out some of the detail. However, with the first section it gives a good working knowledge of the field.

Third is a **Detailed Description** of how the calculation is performed. This description follows the code very closely.

**Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base**

PART A. CALCULATED FIELD DOCUMENTATION

1. AGE CALCULATION

A) Conventions:

- 1) Age is calculated if the date of birth and admission date are valid. If either one is invalid, then '999' is placed in this field.
- 2) Discretion should be used whenever a questionable age assignment is noted. Researchers are advised to consider other data elements (i.e. if the admission type is newborn) in their analysis of this field.

B) Brief description:

Age is calculated by subtracting the date of birth from the admission date. If a patient has been assigned to a newborn DRG, then the patient is assigned an age of zero.

C) Detailed Description:

- 1) If the patient has already had a birthday for this year, his or her age is calculated by subtracting the year of birth from the year of admission. If not, then the patient's age is the year of admission minus the year of birth minus one.
- 2) If the age is 99 (the admission date is a year before the admission date or less) and the MDC is 15, (the patient is a newborn), then the age is assumed to be zero.

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PART A. CALCULATED FIELD DOCUMENTATION

2. NEWBORN AGE

A) Conventions

- 1) Newborn age is calculated to the nearest week (the remainder is dropped). Thus newborns zero to six days old are considered to be zero weeks old.
- 2) Discharges that are not newborns have 99 in this field.

B) Brief Description:

Discharges less than a year old have their age calculated by subtracting the date of birth from the admission date. This gives the patients age in days. This number is divided by seven, the remainder is dropped.

C) Detailed Description:

- 1) If a patient is 1 year old or older, the age in weeks is set to 99.
- 2) If a patient is less than 1 year old then:
 - a) Patients age is calculated in days using the Length of Stay (LOS) routine, as described herein.
 - b) Number of days in step “a” above is divided by seven, and the remainder is dropped.

**Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base**

PART A. CALCULATED FIELD DOCUMENTATION

3. PREOPERATIVE DAYS

A) Conventions:

- 1) A procedure performed on the day of admission will have preoperative days set to zero. One performed on the day after admission will have preoperative days set to one, etc. A procedure performed on the day before admission will have preoperative days set to negative one.
- 2) Preoperative days are set to 0000 when preoperative days are not applicable.
- 3) For procedures performed before the day of admission, a negative sign (-) will appear in the first position of the preoperative day field.

B) Brief Description:

Preoperative days are calculated by subtracting the patient's admission date from the surgery date.

C) Detailed Description:

- 1) If there is no procedure date, or if the procedure date or admission date is invalid, or if the procedure date occurs after the discharge date, then preoperative days is set to 0000.
- 2) Otherwise preoperative days are calculated using the Length of Stay (LOS) routine, as described herein.

PART A. CALCULATED FIELD DOCUMENTATION

4. LENGTH OF STAY (LOS) CALCULATION

A) Conventions:

- 1) Same day discharges have a length of stay of 1 day.

B) Brief Description:

Length of Stay (LOS) is calculated by subtracting admission date from the discharge date (and then subtracting Leave of Absence (LOA) days). If the result is zero (for same day discharges), then the value is changed to 1.

C) Detailed Description:

- 1) The length of stay is calculated using the LOS routine.
- 2) If the value is zero then it is changed to a 1.

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART A. CALCULATED FIELD DOCUMENTATION

5. LENGTH OF STAY(LOS) ROUTINE

A) Conventions:

- 1) None

B) Brief Description:

Length of stay (LOS) is calculated by subtracting the admission date from the discharge Date and then subtracting the Leave of Absence from the total. If either date is invalid, length of stay = 0.

Days are accumulated a year at a time, until both dates are in the same year. At this point the algorithm may have counted beyond the ending date or may still fall short of it. The difference is added (or subtracted) to give the correct LOS.

Technical Documentation
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PART A. CALCULATED FIELD DOCUMENTATION

6. UNIQUE HEALTH INFORMATION NUMBER (UHIN) SEQUENCE NUMBER

A) Conventions:

If the Unique Health Information Number (UHIN) is undefined (not reported, unknown or invalid), the sequence number is set to zero.

B) Brief Description:

The Sequence Number is calculated by sorting the file by UHIN, admission, and discharge date. The sequence number is then calculated by incrementing a counter for each UHIN's set of admissions.

C) Detail Descriptions:

1) UHIN Sequence Number is calculated by sorting the entire database by UHIN, admission date then discharge date (both dates are sorted in ascending order).

2) If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.

3) If the UHIN is valid, the sequence number is calculated by incrementing a counter from 1 to nnnn, where a sequence number of 1 indicates the first admission for the UHIN, and nnnn indicates the last admission for the UHIN.

4) If a UHIN has 2 admissions on the same day, the discharge date is used as the secondary sort key.

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PART A. CALCULATED FIELD DOCUMENTATION

7. DAYS BETWEEN STAYS

A) Conventions:

- 1) If the UHIN is undefined (not reported, unknown or invalid), the days between stays is set to zero.
- 2) If the previous discharge date is greater than the current admission date or the previous discharge date or current admission date is invalid (i.e. 03/63/95), DAYS BETWEEN STAYS is set to '9999' to indicate an error.

B. Brief Description:

The Days Between Stays is calculated by sorting the file by UHIN, admission, and discharge date. For UHIN's with 2 or more admissions, the calculation subtracts the previous discharge date from the current admission date to find the Days Between Stays.

C. Detailed Description:

- 1) The Days Between Stays data element is calculated by sorting the entire database by UHIN, and sequence number.
- 2) If the UHIN is undefined (not reported, unknown or invalid), the Days Between Stays is set to zero.
- 3) If the UHIN is valid and this is the first occurrence of the UHIN, the discharge date is saved (in the event there is another occurrence of the UHIN). In this case, Days Between Stays is set to zero.

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART A. CALCULATED FIELD DOCUMENTATION

7. DAYS BETWEEN STAYS (*Continued*)

4) If a second occurrence of the UHIN is found, Days Between Stays is calculated by finding the number of days between the previous discharge date and the current admission date, with the following caveats:

A if the previous discharge date is greater than the current admission date, **OR**

B the previous discharge date or current admission date is invalid
(i.e. 03/63/95), Days Between Stays is set to '9999' to indicate an error.

5) Step 4 is repeated for all subsequent re-admissions until the UHIN changes.

6) The method used to calculate Length of Stay is also used to calculate Days Between Stays.

7) If the discharge date on the first admission is the same as the admission date on the first re-admission, Days Between Stays is set to zero. This situation occurs for transfer patients, as well as for women admitted into the hospital with false labor.

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART B. DATA FILE SUMMARY

1. Discharge File Table FY2001
 2. Revenue File Table FY2001
 3. Data Code Tables FY2001
-

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART B. DATA FILE SUMMARY

The following is a list of the contents of the FIPA layout. This year, all data is contained in one file. This includes past as well as failed submissions. The failed submissions will be asterisked for easy identification.

It is important to note that the data set may vary depending on what level of data you have received. Please also note that this year's FIPA file has been cleaned. Bad character data have been replaced with underscores. Bad numeric data and bad dates have been replaced with nulls.

The following files are included in the electronic files along with the Hospital Discharge Data:

- Top Errors Report
- Record Layout
- Total Charges & Discharges By Hospital

1. DISCHARGE FILE TABLE – FY2001

	Data Element	Length	Column
1.	ProviderControlID	10	ProviderControlID
2.	DischargeID	10	DischargeID
3.	Mass. Dept of Public Health Facility Number	4	MDPHHospNumber
4.	Organization ID	4	OrgID
5.	Site Number	4	SiteNumber
6.	Sex of Patient	1	Sex
7.	Race of Patient	1	Race
8.	Patient's Employer's Zip Code	9	EmployerZipCode
9.	Patient's Resident Zip Code	9	ZipCode
10.	Age in weeks for patient less than one year	2	NewBornAge
11.	Calculated Age	3	Age
12.	Newborn Birth Weight (in grams)	4	Birthweight
13.	Veterans Status	1	VeteransStatus
14.	DNR Status	1	DNRStatus
15.	Nature of the Patient Admission	1	AdmissionType
16.	Primary Source of Patient Admission	1	AdmissionSourceCode1
17.	Secondary Source of Patient Admission	1	AdmissionSourceCode2
18.	Outcome of Patients Hospitalization	2	PatientStatus
19.	Anticipated SOURCE of Hospital Expense Reimbursement	3	PayerCode1
20.	Anticipated TYPE of Hospital Expense Reimbursement	1	PrimaryPayerType
21.	Secondary SOURCE of Hospital Expense Reimbursement	3	PayerCode2
22.	Secondary TYPE of Hospital Reimbursement	1	SecondaryPayerType
23.	Day of week patient was Admitted	3	AdmissionDayOfWeek
24.	Day of week patient was Discharged	3	DischargeDayOfWeek
25.	Calculated Length of Stay	4	LengthOfStay
26.	Administratively Necessary Days	4	NumberOfANDs
27.	Leave of Absence Days	4	LeaveOfAbsenceDays
28.	NbrOfDiagnosisCodes	3	NumberOfDiagnosisCodes
29.	NbrOfProcedureCodes	3	NumberOfProcedureCodes

Technical Documentation
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	Data Element	Length	Column
30.	Patient's Medical Record Number	10	MedicalRecordNumber
31.	Billing Number	17	HospBillNo
32.	Unique Patient Identifier	9	UHIN
33.	Patient's Birthdate	8	DOB
34.	Mothers Unique Patient Identifier	9	MotherSSN
35.	Mothers Medical Record Number	10	MotherMedicalRecordNumber
36.	Days Between Stays	4	DaysBetweenStays
37.	Re-Admission Sequence	3	UHIN_SequenceNo
38.	Date of Hospital Admission	8	AdmissionDate
39.	Date of Hospital Discharge	8	DischargeDate
40.	Period Start Date	8	PeriodStartingDate
41.	Period End Date	8	PeriodEndingDate
42.	Attending Physician ID	7	AttendingPhysID
43.	Attending Physician NPI	8	AttendingPhysNPI
44.	Attending Physician NPI Location Code	2	AttendingPhysNPILocationCode
45.	Operating Physician ID	7	OperatingPhysID
46.	Operating Physician NPI	8	OperatingPhysNPI
47.	Operating Physician NPI Location Code	2	OperatingPhysNPILocationCode
48.	Other Care Giver Code	1	OtherCareGiverCode
49.	Other Care Giver NPI	8	OtherCareGiverNPI
50.	Other Care Giver NPI Location Code	2	OtherCareGiverNPILocCode
51.	External Cause of Injury Code	6	Ecode
52.	Total Charges for Routine Accom. Revenue Centers	8	TotalChargesRoutine
53.	Total Charges for Special Accom. Revenue Centers	8	TotalChargeSpecial
54.	Total Charges for all Revenue Centers	10	TotalChargesAll
55.	Total Charges for Ancillary Revenue Centers	8	TotalChargesAncillaries
56.	Flag to indicate if discharge passed edits	1	DischargePassed
57.	Special Condition Indicator	1	SpecialConditionIndicator
58.	SubmissionPassedFlag	1	SubmissionPassedFlag
59.	Principal ICD-9 Diagnosis Code	6	DiagnosisCode1
60.	Associated ICD-9 Diag Code I	6	DiagnosisCode2
61.	Associated ICD-9 Diag Code II	6	DiagnosisCode3
62.	Associated ICD-9 Diag Code III	6	DiagnosisCode4
63.	Associated ICD-9 Diag Code IV	6	DiagnosisCode5
64.	Associated ICD-9 Diag Code V	6	DiagnosisCode6
65.	Associated ICD-9 Diag Code VI	6	DiagnosisCode7
66.	Associated ICD-9 Diag Code VII	6	DiagnosisCode8
67.	Associated ICD-9 Diag Code VIII	6	DiagnosisCode9
68.	Associated ICD-9 Diag Code IX	6	DiagnosisCode10
69.	Associated ICD-9 Diag Code X	6	DiagnosisCode11
70.	Associated ICD-9 Diag Code XI	6	DiagnosisCode12
71.	Associated ICD-9 Diag Code XII	6	DiagnosisCode13
72.	Associated ICD-9 Diag Code XIII	6	DiagnosisCode14
73.	Associated ICD-9 Diag Code XIV	6	DiagnosisCode15
74.	Principal ICD-9 Procedure Code	7	ProcedureCode1
75.	Principal Procedure Date	8	ProcedureDate1
76.	Significant ICD-9 Procedure Code I	7	ProcedureCode2
77.	Procedure I Date	8	ProcedureDate2

Technical Documentation
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	Data Element	Length	Column
78.	Significant ICD-9 Procedure II Code	7	ProcedureCode3
79.	Procedure II Date	8	ProcedureDate3
80.	Significant ICD-9 Procedure III Code	7	ProcedureCode4
81.	Significant ICD-9 Procedure IV Code	7	ProcedureCode5
82.	Significant ICD-9 Procedure V Code	7	ProcedureCode6
83.	Significant ICD-9 Procedure VI Code	7	ProcedureCode7
84.	Significant ICD-9 Procedure VII Code	7	ProcedureCode8
85.	Significant ICD-9 Procedure VIII Code	7	ProcedureCode9
86.	Significant ICD-9 Procedure IX Code	7	ProcedureCode10
87.	Significant ICD-9 Procedure X Code	7	ProcedureCode11
88.	Significant ICD-9 Procedure XI Code	7	ProcedureCode12
89.	Significant ICD-9 Procedure XII Code	7	ProcedureCode13
90.	Significant ICD-9 Procedure XIII Code	7	ProcedureCode14
91.	Significant ICD-9 Procedure XIV Code	7	ProcedureCode15
92.	Number of days in hospital when FIRST procedure performed	5	PreoperativeDays1
93.	Number of days in hospital when 2nd procedure performed	5	PreoperativeDays2
94.	Number of days in hospital when 3rd procedure performed	5	PreoperativeDays3
95.	V AP 12 Major Diagnosis Group (MDC)	2	V12_MDC
96.	V AP 12 Diagnosis Related Group (DRG)	3	V12_DRG
97.	V AP 12 DRG Return Code	1	V12_ReturnCode
98.	V AP 12 First O.R. Procedure Code used by Grouper	7	V12_ORProcedureCode1
99.	V AP 12 Second O.R. Procedure Code used by Grouper	7	V12_ORProcedureCode2
100.	V AP 12 Third O.R. Procedure Code used by Grouper	7	V12_ORProcedureCode3
101.	V AP 12 First Non-O.R. Procedure Code used by Grouper	7	V12_NonORProcedureCode1
102.	V AP 12 Second Non-O.R. Procedure Code used by Grouper	7	V12_NonORProcedureCode2
103.	V AP 12 First Diagnosis Code, other than principal code, that was used by Grouper	6	V12_DiagnosisCode1
104.	V AP 12 Second Diagnosis Code, other than principal code, that was used by Grouper	6	V12_DiagnosisCode2
105.	V AP 12 Third Diagnosis Code, other than principal code, that was used by Grouper	6	V12_DiagnosisCode3
106.	V AP 12 Diagnosis Code used by Grouper to satisfy Completion/Comorbidity Criteria	6	V12_DiagnosisCodeComplication
107.	V AP 12 Major Complication/Comorbidity Indicator	1	V12_Complication
108.	V AP 12 Trauma Registry Indicator	1	V12_TraumaRegistryIndicator
109.	V AP 18 Major Diagnosis Group (MDC)	2	V18_MDC
110.	V AP 18 Diagnosis Related Group (DRG)	3	V18.DRG
111.	V AP 18 DRG Return Code	1	V18.ReturnCode
112.	V AP 18 First O.R. Procedure Code used by Grouper	7	V18.ORProcedureCode1
113.	V AP 18 Second O.R. Procedure Code used by Grouper	7	V18.ORProcedureCode2
114.	V AP 18 Third O.R. Procedure Code used by Grouper	7	V18.ORProcedureCode3
115.	V AP 18 First Non-O.R. Procedure Code used by Grouper	7	V18.NonORProcedureCode1
116.	V AP 18 Second Non-O.R. Procedure Code used by Grouper	7	V18.NonORProcedureCode2
117.	V AP 18 First Diagnosis Code, other than principal code, that was used by Grouper	6	V18.DiagnosisCode1
118.	V AP 18 Second Diagnosis Code, other than principal code, that was used by Grouper	6	V18.DiagnosisCode2

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

	Data Element	Length	Column
119.	V AP 18 Third Diagnosis Code, other than principal code, that was used by Grouper	6	V18.DiagnosisCode3
120.	V AP 18 Diagnosis Code used by Grouper to satisfy Completion/Comorbidity Criteria	6	V18.DiagnosisCodeComplication
121.	V AP 18 Major Complication/Comorbidity Indicator	1	V18.MajorCCIndicator
122.	V AP 18 Trauma Registry Indicator	1	V18.TraumaRegistryIndicator
123.	V AP 18 Congenital Malformation Registry Indicator	1	V18.CongenitalMalformationRegistryIndicator
124.	V AP 14.1 Major Diagnosis Group (MDC)	2	V141_MDC
125.	V AP 14.1 Diagnosis Related Group (DRG)	3	V141_DRG
126.	V AP 14.1 DRG Return Code	1	V141_ReturnCode
127.	V AP 14.1 First O.R. Procedure Code used by Grouper	7	V141_ORProcedureCode1
128.	V AP 14.1 Second O.R. Procedure Code used by Grouper	7	V141_ORProcedureCode2
129.	V AP 14.1 Third O.R. Procedure Code used by Grouper	7	V141_ORProcedureCode3
130.	V AP 14.1 First Non-O.R. Procedure Code used by Grouper	7	V141_NonORProcedureCode1
131.	V AP 14.1 Second Non-O.R. Procedure Code used by Grouper	7	V141_NonORProcedureCode2
132.	V AP 14.1 First Diagnosis Code, other than principal code, that was used by Grouper	6	V141_DiagnosisCode1
133.	V AP 14.1 Second Diagnosis Code, other than principal code, that was used by Grouper	6	V141_DiagnosisCode2
134.	V AP 14.1 Third Diagnosis Code, other than principal code, that was used by Grouper	6	V141_DiagnosisCode3
135.	V AP 14.1 Diagnosis Code used by Grouper to satisfy Completion/Comorbidity Criteria	6	V141_DiagnosisCodeComplication
136.	V AP 14.1 Major Complication/Comorbidity Indicator	1	V141_Complication
137.	V AP 14.1 Trauma Registry Indicator	1	V141_TraumaRegistryIndicator
138.	V APR 15 Major Diagnosis Group (MDC)	2	V15_MDC
139.	V APR 15 Diagnosis Related Group (DRG)	3	V15_DRG
140.	V APR 15 DRG Return Code	1	V15_ReturnCode
141.	V APR 15 First O.R. Procedure Code used by Grouper	7	V15_ORProcedureCode1
142.	V APR 15 Second O.R. Procedure Code used by Grouper	7	V15_ORProcedureCode2
143.	V APR 15 Third O.R. Procedure Code used by Grouper	7	V15_ORProcedureCode3
144.	V APR 15 First Non-O.R. Procedure Code used by Grouper	7	V15_NonORProcedureCode1
145.	V APR 15 Second Non-O.R. Procedure Code used by Grouper	7	V15_NonORProcedureCode2
146.	V APR 15 First Diagnosis Code, other than principal code, that was used by Grouper	6	V15_DiagnosisCode1
147.	V APR 15 Second Diagnosis Code, other than principal code, that was used by Grouper	6	V15_DiagnosisCode2
148.	V APR 15 Third Diagnosis Code, other than principal code, that was used by Grouper	6	V15_DiagnosisCode3
149.	V APR 15 Patient Severity Subclass	1	V15_Severity
150.	V APR 15 Patient Severity Diagnosis Buffer	30	V15_SeverityDiagnosisBuffer
151.	V APR 15 Patient Mortality Subclass	1	V15_Mortality
152.	V APR 15 Patient Mortality Diagnosis Buffer	30	V15_MortalityDiagnosisBuffer

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART B. DATA FILES SUMMARY

2. REVENUE FILE TABLE – FY2001

	Data Element	Length	Column
1	ProviderControlID	10	ProviderControlID
2	DischargeID	10	DischargeID
3	Revenue Code Type	3	RevenueCode
4	LineItem	10	LineNumber
5	UB-92 Revenue Code 111	4	RevenueCode
6	Units of Service for Revenue Center 111	7	UnitsOfService
7	Charges for Revenue Center 111	10	TotalCharges

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART B. DATA FILES SUMMARY

3. INPATIENT DATA CODE TABLES

The following are the code tables for all data elements requiring codes not otherwise specified in 114.1 CMR 17.00. Please note that the Source of Payment Code Table and the Supplemental Payer Source Code Table appear in Part D of this Section.

Patient Sex Codes:

* SEX CODE	* Patient Sex Definition
M	Male
F	Female
U	Unknown

Patient Race Codes: (Note – Please see important note regarding the use of Race Codes in the FY2000 and subsequent years' Hospital Discharge Database, in Section 1, Part B (4) – New Data Elements – of the General Documentation section of this Manual.)

* RACE CODE	* Patient Race Definition
1	White
2	Black
3	Asian
4	Hispanic
5	American Indian
6	Other
9	Unknown

Type of Admission Codes:

* TYPADM CODE	* Type of Admission Definition
1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Information Unavailable

Technical Documentation

Fiscal Year 2001 Hospital Discharge Data Base

3. INPATIENT DATA CODE TABLES (*Continued*)

Source of Admission Codes:

* SRCADM CODE	* Source of Admission Definition
0	Information Not Available
1	Direct Physician Referral
2	Within Hospital Clinic Referral
3	Direct Health Plan Referral/HMO Referral
4	Transfer from an Acute Hospital
5	Transfer from a Skilled Nursing Facility
6	Transfer from Intermediate Care Facility
7	Outside Hospital Emergency Room Transfer
8	Court/Law Enforcement
9	Other (to include level 4 Nursing Facility)
L	Outside Hospital Clinic Referral
M	Walk-In/Self Referral
R	Within Hospital Emergency Room Transfer
T	Transfer from Another Institution's Ambulatory Surgery
W	Extramural Birth
X	Observation
Y	Within Hospital Ambulatory Surgery Transfer

SRCADM CODE	FOR NEWBORN:
Z	Information not Available
A	Normal Delivery
B	Premature Delivery
C	Sick Baby
D	Extramural Birth

Technical Documentation

Fiscal Year 2001 Hospital Discharge Data Base

3. INPATIENT DATA CODE TABLES (*Continued*)

Patient Status Codes:

* PASTA CODE	* Patient Status Definition
01	Discharged/transferred to home or self care (routine discharge)
02	Discharged/transferred to another short-term general hospital
03	Discharged, transferred to Skilled Nursing Facility (SNF)
04	Discharged/transferred to an Intermediate Care Facility (ICF)
05	Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution
06	Discharged/transferred to home under care of organized home health service organization
07	Left against medical advice
08	Discharged/transferred to home under care of a Home IV Drug Therapy Provider
09	Not used
10	Discharged/transferred to chronic hospital
11	Discharged/transferred to mental health hospital
12	Discharge Other
13	Discharge/transfer to rehab hospital
14	Discharge/transfer to rest home
15	Discharge to Shelter
20	Expired (or did not recover - Christian Science Patient)
50	Discharged to Hospice - Home
51	Discharged to Hospice Medical Facility

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

3. INPATIENT DATA CODE TABLES (*Continued*)

Payer Type Codes:

* PAYER TYPE CODE	PAYER TYPE ABBREVIATION	* PAYER TYPE DEFINITION
1	SP	Self Pay
2	WOR	Worker's Compensation
3	MCR	Medicare
F	MCR-MC	Medicare Managed Care
4	MCD	Medicaid
B	MCD-MC	Medicaid Managed Care
5	GOV	Other Government Payment
6	BCBS	Blue Cross
C	BCBS-MC	Blue Cross Managed Care
7	COM	Commercial Insurance
D	COM-MC	Commercial Managed Care
8	HMO	HMO
9	FC	Free Care
0	OTH	Other Non-Managed Care Plans
E	PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
J	POS	Point-of-Service Plan
K	EPO	Exclusive Provider Organization
N	None	None (Valid only for Secondary Payer)

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

3. INPATIENT DATA CODE TABLES (Continued)

Veteran's Status Codes:

* VESTA CODE	* VETERAN STATUS DEFINITION
1	YES
2	NO (includes never in military, currently in active duty, national guard or reservist with 6 months or less active duty)
3	Not applicable
4	Not Determined (unable to obtain information)

DNR Codes:

*DNR CODE	DO NOT RESUSCITATE STATUS DEFINITION
1	DNR order written
2	Comfort measures only
3	No DNR order or comfort measures ordered

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

3. INPATIENT DATA CODE TABLES (Continued)

Routine Accommodations:

Revenue Center		Revenue Code	Units of Service
1.	Medical/Surgical	111 (Includes codes: 111, 121, 131, 141, 151.)	Days
2.	Obstetrics	112 (Includes codes: 112, 122, 132, 142, 152.)	Days
3.	Pediatrics	113 (Includes codes: 113, 123, 133, 143, 153.)	Days
4.	Psychiatric	114 (Includes codes: 114, 124, 134, 144, 154.)	Days
5.	Hospice	115 (Includes codes: 115, 125, 135, 145, 155.)	Days
6.	Detoxification	116 (Includes codes: 116, 126, 136, 146, 156.)	Days
7.	Oncology	117 (Includes: 117, 127, 137, 147, 157.)	Days

Special Care Accommodations:

Revenue Center		Revenue Code	Units of Service
1.	Neo-natal ICU	175 (Includes codes: 173 & 174.)	Days
2.	Medical/Surgical ICU	200 (Includes codes: 201 & 202.)	Days
3.	Pediatric ICU	203	Days
4.	Psychiatric ICU	204	Days
5.	Post Care ICU	206	Days
6.	Burn Unit	207	Days
7.	Trauma ICU	208	Days

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

3. INPATIENT DATA CODE TABLES (*Continued*)

Routine Accommodations:

8.	Rehabilitation	118 (Includes codes: 118, 128, 138, 148, 158.)	Days
9.	Other	119 (Includes codes: 119, 129, 139, 149, 159.)	Days
10.	Nursery	170 (Includes codes: 170, 171, 172, 179.)	Days
11.	Chronic	192	Days
12.	Subacute	196	Days
13.	TCU	197	Days
14.	SNF	198	Days

Special Care Accommodations:

8.	Other ICU	209	Days
9.	Coronary Care Unit	210	Days
10.	Myocardial Infarction	211	Days
11.	Pulmonary Care	212	Days
12.	Heart Transplant	213	Days
13.	Post Coronary Care	214	Days
14.	Other Coronary Care	219	Days

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

3. INPATIENT DATA CODE TABLES (*Continued*)

Ancillary Services:

Revenue Center		Revenue Code	Units of Service
1.	Special Charges	220	Zeros
2.	Incremental Nursing Charge Rate	230	Zeros
3.	All Inclusive Ancillary	240	Zeros
4.	Pharmacy	250	Zeros
5.	IV Therapy	260	Zeros
6.	Medical/Surgical Supplies and Devices	270	Zeros
7.	Oncology	280	Zeros
8.	Durable Medical Equipment	290	Zeros
9.	Laboratory	300	Zeros
10.	Laboratory Pathological	310	Zeros
11.	Diagnostic Radiology	320	Zeros
12.	Therapeutic Radiology	330	Zeros

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

3. INPATIENT DATA CODE TABLES (*Continued*)

Ancillary Services:

13.	Nuclear Medicine	340	Zeros
14.	CAT Scan	350	Zeros
15.	Operating Room Services	360	Zeros
16.	Anesthesia	370	Zeros
17.	Blood	380	Zeros
18.	Blood Storage and Processing	390	Zeros
19.	Other Imaging Services	400	Zeros
20.	Respiratory Services	410	Zeros
21.	Physical Therapy	420	Zeros
22.	Occupational Therapy	430	Zeros
23.	Speech-Language Pathology	440	Zeros
24.	Emergency Room	450	Zeros
25.	Pulmonary Function	460	Zeros
26.	Audiology	470	Zeros
27.	Cardiology	480	Zeros
28.	Ambulatory Surgical Care	490	Zeros
29.	Outpatient Services	500	Zeros
30.	Clinics	510	Zeros
31.	Free-Standing Clinic	520	Zeros
32.	Osteopathic Services	530	Zeros
33.	Ambulance	540	Zeros
34.	Skilled Nursing	550	Zeros
35.	Medical Social Services	560	Zeros
36.	Home Health Aide (Home Health)	570	Zeros
37.	Other Visits (Home Health)	580	Zeros
38.	Units of Service (Home Health)	590	Zeros
39.	Oxygen (Home Health)	600	Zeros
40.	MRI	610	Zeros
41.	Medical/Surgical Supplies - Extension of 270	620	Zeros
42.	Drugs Requiring Specific Identification	630	Zeros

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

3. INPATIENT DATA CODE TABLES (Continued)

Ancillary Services:

43.	Home IV Therapy Services	640	Zeros
44.	Hospice Service	650	Zeros
45.	Respite Care (HHA Only)	660	Zeros
46.	Not Assigned	670	
47.	Not Assigned	680	
48.	Not Assigned	690	
49.	Cast Room	700	Zeros
50.	Recovery Room	710	Zeros
51.	Labor Room/Delivery	720	Zeros
52.	EKG/ECG (Electrocardiogram)	730	Zeros
53.	EEG (Electroencephalogram)	740	Zeros
54.	Gastro-Intestinal Services	750	Zeros
55.	General Treatment or Observation Room	760	Zeros
56.	Treatment Room	761	Zeros
57.	Observation Room	762	Hours
58.	Other Observation Room	769	Hours
59.	Preventative Care Services	770	Zeros
60.	Not Assigned	780	Zeros
61.	Lithotripsy	790	Zeros
62.	Inpatient Renal Dialysis	800	Zeros
63.	Organ Acquisition	810	Zeros
64.	Hemodialysis - Outpatient or Home	820	Zeros
65.	Peritoneal Dialysis - Outpatient or Home	830	Zeros
66.	Continuous Ambulatory Peritoneal Dialysis - Outpatient or Home	840	Zeros
67.	Continuous Cycling Peritoneal Dialysis - Outpatient or Home	850	Zeros
68.	Invalid (Reserved for Dialysis – National Assignment)	860	

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

3. INPATIENT DATA CODE TABLES (*Continued*)

Ancillary Services:

69.	Invalid (Reserved for Dialysis – National Assignment)	870	
70.	Miscellaneous Dialysis	880	Zeros
71.	Other Donor Bank	890	Zeros
72.	Psychiatric/Psychological Treatments	900	Zeros
73.	Psychiatric/Psychological Services	910	Zeros
74.	Other Diagnostic Services	920	Zeros
75.	Not Assigned	930	
76.	Other Therapeutic Services	940	Zeros
77.	Other	950	Zeros
78.	Professional Fees	960 (Includes codes: 960, 961, 962, 963, 964, 969.)	Zeros
79.	Professional Fees	970 (Includes codes: 970, 971, 972, 973, 974, 975, 976, 977, 978, 979.)	Zeros
80.	Professional Fees	980 (Includes codes: 980, 981, 982, 983, 984, 985, 986, 987, 988, 989.)	Zeros
81.	Patient Convenience Items	990	Zeros

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

3. INPATIENT DATA CODE TABLES (Continued)

Other Caregiver Codes:

*OTH CARE CODE	*TYPE OF OTHER CAREGIVER DEFINITION
1	Resident
2	Intern
3	Nurse Practitioner
4	Not used
5	Physician Assistant

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART C. REVENUE CODE MAPPINGS

**Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base**

PART C. REVENUE CODE MAPPINGS

ANCILLARY SERVICES

Effective January 1, 1994, amendments to Regulation 114.1 CMR 17.00 were adopted which require use of the UB-92 revenue codes. As a result, all ancillary service revenue code subcategories are now mapped to the UB-92 major classification heading for that revenue center. For example, codes 251 - 259 map to code 250.

For reporting periods ending December 31, 1993 and earlier, the following tables identify how the UB-82 revenue codes are mapped in the case mix database:

250 PHARMACY:

250 Pharmacy
251 General
252 Generic Drugs
253 Non-Generic Drugs
254 Blood Plasma
255 Blood-Other Components
256 Experimental Drugs
257 Non-Prescription
258 IV Solution
259 Other

260 IV THERAPY:

270 MEDICAL/SURGICAL SUPPLIES:

270 General Medical Surgical Supplies
272 Sterile Supply
273 Take Home Supply
274 Prosthetic Devices
275 Pace Maker
277 Oxygen-Take Home
278 Other Implants
279 Other Devices
290 Durable Medical Equipment
291 Rental DME
292 Purchase DME
299 Other Equipment

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART C. REVENUE CODE MAPPINGS

300 LABORATORY:

300 General Laboratory
301 Chemistry
302 Immunology
303 Renal Patient (home)
304 Non-Routine Dialysis
305 Hematology
306 Bacteriology & Microbiology
307 Urology
309 Other Lab
310 Lab-Pathological
311 Cytology
312 Histology
314 Biopsy
319 Other Path. Lab.
971 Lab. Professional Fees

320 DIAGNOSTIC RADIOLOGY:

320 General
321 Angiocardigraph
324 Chest X-ray
329 Other
400/409 Other Imaging Services
401 Mammography
402 Ultrasound
972 Diagnostic Radiology Professional Fees

330 THERAPEUTIC RADIOLOGY:

330 General
331 Chemotherapy-Inject
332 Chemotherapy-Oral
333 Radiation Therapy
335 Chemotherapy-IV
339 Other
973 Therapeutic Radiology Professional Fees

**Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base**

PART C. REVENUE CODE MAPPINGS

340 NUCLEAR MEDICINE:

340 General
341 Diagnostic
342 Therapeutic
349 Other Nuclear Medicine
974 Nuc Med Professional Fees

350 CAT SCAN:

350 General
351 Head Scan
352 Body Scan
359 Other

360 OPERATING ROOM:

360 General
361 Minor Surgery
362 Organ Transplant (except Kidney)
367 Kidney Transplant
369 Other
975 Operating Room Professional Fees

370 ANESTHESIOLOGY:

370 General
374 Acupuncture
379 Other
963 Anesthesiology Professional Fees (MD)
964 Anesthesiology Professional Fees (RN)

380 BLOOD:

380 General
381 Packed Red Cells
382 Whole Blood
389 Other

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

PART C. REVENUE CODE MAPPINGS

390 BLOOD STORAGE, PROCESSING AND ADMINISTRATION:

390 General

*** 391 Blood/Administration

399 Other

410 RESPIRATORY THERAPY:

410 General

412 Inhalation Services

413 Hyperbaric Oxygen Therapy

419 Other

976 Respiratory Therapy Professional Therapy

420 PHYSICAL THERAPY:

420 General

429 Other

977 Physical Therapy Professional Fees

430 OCCUPATIONAL THERAPY:

430 General

439 Other

978 Occupational Therapy Professional Fees

440 SPEECH THERAPY:

440 General

449 Other

979 Speech Therapy Professional Fees

450 EMERGENCY ROOM:

450 General

459 Other

981 Emergency Room Professional Fees

460 PULMONARY FUNCTION:

460 General

469 Other

Technical Documentation
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PART C. REVENUE CODE MAPPINGS

470 AUDIOLOGY:

470 General
471 Diagnostic
472 Treatment
479 Other

480 CARDIAC CATHETERIZATION:

480 General
481 Cardiac Catheterization Lab
482 Stress Test
489 Other

540 AMBULANCE:

540 General
541 Supplies
542 Medical Treatment
543 Heart Mobile
544 Oxygen
545 Air Ambulance
549 Other

710 RECOVERY ROOM:

710 General
719 Other

720 LABOR AND DELIVERY:

720 General
721 Labor
722 Delivery
723 Circumcision
724 Birthing Center
729 Other

**Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base**

PART C. REVENUE CODE MAPPINGS

730 EKG/ECG:

730 General
731 Holter Monitor
739 Other
985 EKG Professional Fees

740 EEG:

740 General
749 Other
922 Electromyogram
986 EEG Professional Fees

800 RENAL DIALYSIS:

800 General
801 Inpatient Hemodialysis
802 Inpatient Peritoneal (non CAPD)
805 Training Hemodialysis
806 Training Peritoneal Dialysis
807 Under Arrangement In House
808 Continuous Ambulatory Peritoneal Dialysis Training
809 In Unit Lab-Routine
810 Self Care Dialysis Unit
811 Hemodialysis- Self Care
812 Peritoneal Dialysis- Self Care
813 Under Arrangement In House- Self Care
814 In Unit Lab- Self Care
880 Miscellaneous Dialysis
881 Ultrafiltration

860 KIDNEY ACQUISITION:

860 General
861 Monozygotic Sibling
862 Dizygotic Sibling
863 Genetic Parent
864 Child
865 Non-relating Living
866 Cadaver

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PART C. REVENUE CODE MAPPINGS

900 PSYCHOLOGY AND PSYCHIATRY:

900 General
901 Electroshock Treatment
902 Milieu Therapy
903 Play Therapy
909 Other
910 Psychology/Psychiatry Services
911 Rehabilitation
912 Day Care
913 Night Care
914 Individual Therapy
915 Group Therapy
916 Family Therapy
917 Bio Feedback
918 Testing
919 Other
961 Psychiatry Professional Fees

950 OTHER:

280 Oncology
*** 490 Ambulatory Surgery
*** 499 Other Ambulatory Surgery
*** 510 Clinic
*** 511 Chronic Pain Center
*** 512 Dental Clinic
*** 519 Other Clinic
530 General Osteopathic Services
531 Osteopathic Therapy
539 Other Osteopathic Therapy
560 Medical Social Services
700 Cast Room- General
709 Cast Room- Other
750/759 Gastro-Intestinal Services
890/899 Other Donor Bank
891 Bone Donor
892 Organ Donor
893 Skin Donor

**Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base**

PART C. REVENUE CODE MAPPINGS

950 OTHER (Continued):

920/929 Other Diagnostic Services
921 Peripheral Vascular Lab
940/949 Other Therapeutic Services
941 Recreational Therapy
942 Educational Therapy
943 Cardiac Rehabilitation
960 General Professional Fees
962 Ophthalmology
969 Other Professional Therapy
984 Medical Social Services
987 Hospital Visit
988 Consultation
989 Private Duty Nurse

***** Please Note:**

These Revenue Centers should be reported only for those patients admitted to the hospital subsequent to surgical day care.

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

The following ancillary revenue codes (and their related subcategories) are not valid pursuant to Regulation 114.1 CMR 17.00 and are not used for reporting charges on the case mix data tapes. These revenue codes relate either to outpatient services or to non-patient care.

500 Outpatient Services
520 Free Standing Clinic
530 Osteopathic Services
550 Skilled Nursing
570 Home Health Aid
580 Other Visits (Home Health)
590 Units of Service (Home Health)
600 Oxygen (Home Health)
640 Home IV Therapy Services
660 Respite Care (HHA only)
820 Hemodialysis - Outpatient or Home
830 Peritoneal Dialysis - Outpatient or Home
840 Continuous Ambulatory Peritoneal Dialysis - Outpatient or Home
850 Continuous Cycling Peritoneal Dialysis - Outpatient or Home
860 Reserved for Dialysis (National Assignment)
870 Reserved for Dialysis (National Assignment)
990 Patient Convenience Items

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

**PART D. ALPHABETICAL SOURCE
OF PAYMENT LIST**

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
137	AARP/Medigap supplement **	7	COM
71	ADMAR	E	PPO
51	Aetna Life Insurance	7	COM
161	Aetna Managed Choice POS	D	COM-MC
22	Aetna Open Choice PPO	D	COM-MC
138	Banker's Life and Casualty Insurance **	7	COM
139	Bankers Multiple Line **	7	COM
2	Bay State - a product of HMO Blue	C	BCBS-MC
136	BCBS Medex **	6	BCBS
11	Blue Care Elect	C	BCBS-MC
46	Blue CHiP (BCBS Rhode Island)	8	HMO
160	Blue Choice (includes Healthflex Blue) – POS	C	BCBS-MC
142	Blue Cross Indemnity	6	BCBS
50	Blue Health Plan for Kids	6	BCBS
52	Boston Mutual Insurance	7	COM
154	BCBS Other (Not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (Not listed elsewhere)***	C	BCBS-MC
151	CHAMPUS	5	GOV
30	CIGNA (Indemnity)	7	COM
250	CIGNA HMO	D	COM -MC
171	CIGNA POS	D	COM-MC
87	CIGNA PPO	D	COM-MC
140	Combined Insurance Company of America **	7	COM
21	Commonwealth PPO	C	BCBS-MC
44	Community Health Plan	8	HMO
13	Community Health Plan Options (New York)	J	POS
42	ConnectiCare Of Massachusetts	8	HMO
54	Continental Assurance Insurance	7	COM
69	Corporate Health Insurance Liberty Plan	7	COM
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass)	8	HMO

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base

ALPHABETICAL SOURCE OF PAYMENT LIST (*Continued*)

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
167	Fallon POS	J	POS
67	First Allmerica Financial Life Insurance	7	COM
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
152	Foundation	0	OTH
143	Free Care	9	FC
88	Freedom Care	E	PPO
153	Grant	0	OTH
162	Great West Life POS	D	COM-MC
28	Great West Life PPO	D	COM-MC
89	Great West/NE Care	7	COM
55	Guardian Life Insurance	7	COM
23	Guardian Life Insurance Company PPO	D	COM-MC
56	Hartford L&A Insurance	7	COM
200	Hartford Life Insurance Co **	7	COM
1	Harvard Community Health Plan	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
14	Health New England Advantage POS	J	POS
38	Health New England Select (self-funded)	8	HMO
24	Health New England, Inc	8	HMO
45	Health Source New Hampshire	8	HMO
98	Healthy Start	9	FC
251	Healthsource CMHC HMO	8	HMO
164	Healthsource CMHC Plus POS	J	POS
49	Healthsource CMHC Plus PPO	E	PPO
72	Healthsource New Hampshire	7	COM
165	Healthsource New Hampshire POS (self-funded)	J	POS
90	Healthsource Preferred (self-funded)	E	PPO
81	HMO Blue	C	BCBS-MC
130	Invalid (replaced by #232 and 233)		
12	Invalid (replaced by #49)		
53	Invalid (no replacement)		
117	Invalid (no replacement)		
123	Invalid (no replacement)		

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base
ALPHABETICAL SOURCE OF PAYMENT LIST (*Continued*)

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
92	Invalid (replaced by # 84, 166, 184)		
105	Invalid (replaced by #111)		
32	Invalid (replaced by #157 and 158)		
41	Invalid (replaced by #157)		
15	Invalid (replaced by #158)		
29	Invalid (replaced by #171 and 250)		
16	Invalid (replaced by #172)		
126	Invalid (replaced by #230)		
124	Invalid (replaced by #234)		
122	Invalid (replaced by #235)		
6	Invalid (replaced by #251)		
76	Invalid (replaced by #270)		
26	Invalid (replaced by #75)		
5	Invalid (replaced by #9)		
61	Invalid (replaced by #96)		
68	Invalid (replaced by #96)		
60	Invalid (replaced by #97)		
57	John Hancock Life Insurance	7	COM
82	John Hancock Preferred	D	COM-MC
169	Kaiser Added Choice	J	POS
40	Kaiser Foundation	8	HMO
58	Liberty Life Insurance	7	COM
85	Liberty Mutual	7	COM
59	Lincoln National Insurance	7	COM
19	Matthew Thornton	8	HMO
103	Medicaid	4	MCD
107	Medicaid Managed Care - Community Health Plan	B	MCD-MC
108	Medicaid Managed Care - Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care - Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care - Health New England	B	MCD-MC
111	Medicaid Managed Care - HMO Blue	B	MCD-MC
112	Medicaid Managed Care - Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care - Neighborhood Health Plan	B	MCD-MC
115	Medicaid Managed Care - Pilgrim Health Care	B	MCD-MC

Technical Documentation
Fiscal Year 2001 Hospital Discharge Data Base
ALPHABETICAL SOURCE OF PAYMENT LIST (Continued)

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
114	Medicaid Managed Care - United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
106	Medicaid Managed Care-Central Mass Health Care	B	MCD-MC
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
116	Medicaid Managed Care-Tufts Associated Health Plan	B	MCD-MC
118	Medicaid Mental Health & Substance Abuse Plan - Mass Behavioral Health Partnership	B	MCD-MC
121	Medicare	3	MCR
220	Medicare HMO - Blue Care 65	F	MCR-MC
125	Medicare HMO - Fallon Senior Plan	F	MCR-MC
221	Medicare HMO - Harvard Community Health Plan 65	F	MCR-MC
223	Medicare HMO - Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
230	Medicare HMO - HCHP First Seniority	F	MCR-MC
127	Medicare HMO - Health New England Medicare Wrap **	F	MCR-MC
222	Medicare HMO - Healthsource CMHC	F	MCR-MC
212	Medicare HMO - Healthsource CMHC Central Care Supplement **	F	MCR-MC
128	Medicare HMO - HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO - Kaiser Medicare Plus Plan **	F	MCR-MC
234	Medicare HMO - Managed Blue for Seniors	F	MCR-MC
132	Medicare HMO - Matthew Thornton Senior Plan	F	MCR-MC
211	Medicare HMO - Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
134	Medicare HMO - Other (not listed elsewhere) ***	F	MCR-MC
131	Medicare HMO - Pilgrim Enhance 65 **	F	MCR-MC
210	Medicare HMO - Pilgrim Preferred 65 **	F	MCR-MC
231	Medicare HMO - Pilgrim Prime	F	MCR-MC
232	Medicare HMO - Seniorcare Direct	F	MCR-MC
233	Medicare HMO - Seniorcare Plus	F	MCR-MC
224	Medicare HMO - Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO - US Healthcare	F	MCR-MC
133	Medicare HMO -Tufts Medicare Supplement (TMS)	F	MCR-MC

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ALPHABETICAL SOURCE OF PAYMENT LIST (Continued)

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
43	MEDTAC	8	HMO
96	Metrahealth (United Health Care of NE)	7	COM
158	Metrahealth - HMO (United Health Care of NE)	D	COM-MC
172	Metrahealth - POS (United Health Care of NE)	D	COM-MC
157	Metrahealth - PPO (United Health Care of NE)	D	COM-MC
201	Mutual of Omaha **	7	COM
62	Mutual of Omaha Insurance	7	COM
33	Mutual of Omaha PPO	D	COM-MC
47	Neighborhood Health Plan	8	HMO
3	Network Blue (PPO)	C	BCBS-MC
91	New England Benefits	7	COM
63	New England Mutual Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
34	New York Life Care PPO	D	COM-MC
202	New York Life Insurance **	7	COM
159	None (Valid only for Secondary Source of Payment)	N	NONE
31	One Health Plan HMO (Great West Life)	D	COM-MC
77	Options for Healthcare PPO	E	PPO
147	Other Commercial (not listed elsewhere) ***	7	COM
199	Other EPO (not listed elsewhere) ***	K	EPO
144	Other Government	5	GOV
148	Other HMO (not listed elsewhere) ***	8	HMO
141	Other Medigap (not listed elsewhere) ***	7	COM
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
99	Other POS (not listed elsewhere) ***	J	POS
156	Out of state BCBS	6	BCBS
120	Out-of-State Medicaid	5	GOV
135	Out-of-State Medicare	3	MCR
65	Paul Revere Life Insurance	7	COM
78	Phoenix Preferred PPO	D	COM-MC
10	Pilgrim Advantage – PPO	E	PPO
39	Pilgrim Direct	8	HMO
8	Pilgrim Health Care	8	HMO

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ALPHABETICAL SOURCE OF PAYMENT LIST (*Continued*)

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
95	Pilgrim Select – PPO	E	PPO
183	Pioneer Health Care EPO	K	EPO
79	Pioneer Health Care PPO	E	PPO
25	Pioneer Plan	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
184	Private Healthcare Systems EPO	K	EPO
166	Private Healthcare Systems POS	J	POS
84	Private Healthcare Systems PPO	E	PPO
75	Prudential Healthcare HMO	D	COM-MC
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
66	Prudential Insurance	7	COM
93	Psychological Health Plan	E	PPO
101	Quarto Claims	7	COM
168	Reserved		
173-180	Reserved		
185 -198	Reserved		
203-209	Reserved		
213 -219	Reserved		
226-229	Reserved		
235-249	Reserved		
252-269	Reserved		
145	Self-Pay	1	SP
94	Time Insurance Co	7	COM
100	Transport Life Insurance	7	COM
7	Tufts Associated Health Plan	8	HMO
80	Tufts Total Health Plan PPO	E	PPO
97	UniCare	7	COM
182	UniCare Preferred Plus Managed Access EPO	D	COM-MC
270	UniCare Preferred Plus PPO	D	COM - MC
70	Union Labor Life Insurance	7	COM

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ALPHABETICAL SOURCE OF PAYMENT LIST (*Continued*)

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
86	United Health & Life PPO (Subsidiary of United Health Plans of NE)	E	PPO
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
9	United Health Plan of New England (Ocean State)	8	HMO
74	United Healthcare Insurance Company (New for 1997)	7	COM
35	United Healthcare Insurance Company – HMO (New for 1997)	D	COM-MC
163	United Healthcare Insurance Company – POS (New for 1997)	D	COM-MC
36	United Healthcare Insurance Company – PPO (New for 1997)	D	COM-MC
48	US Healthcare	8	HMO
83	US Healthcare Quality Network Choice- PPO	E	PPO
170	US Healthcare Quality POS	J	POS
102	Wausau Insurance Company	7	COM
146	Worker's Compensation	2	WOR

** Supplemental Payer Source

*** Please list under the specific carrier when possible.

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SUPPLEMENTAL PAYER SOURCES
USE AS SECONDARY PAYER SOURCE ONLY:

137	AARP/Medigap Supplement	7	COM
138	Banker's Life and Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
136	BCBS Medex	6	BCBS
140	Combined Insurance Company of America	7	COM
200	Hartford Life Insurance co.	7	COM
127	Medicare HMO -Health New England Medicare Wrap	F	MCR-MC
212	Medicare HMO - Healthsource CMHC Central Care Supplement	F	MCR-MC
128	Medicare HMO -HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO-Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO-Pilgrim Enhance 65	F	MCR-MC
210	Medicare HMO-Pilgrim Preferred 65	F	MCR-MC
201	Mutual of Omaha	7	COM
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
202	New York Life Insurance Company	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
133	Medicare HMO -Tufts Medicare Supplement (TMS)	F	MCR-MC

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PART E. NUMERICAL SOURCE OF PAYMENT LIST

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NUMERICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
1	Harvard Community Health Plan	8	HMO
2	Bay State - a product of HMO Blue	C	BCBS-MC
3	Network Blue (PPO)	C	BCBS-MC
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon Umass)	8	HMO
5	Invalid (replaced by #9)		
6	Invalid (replaced by #251)		
7	Tufts Associated Health Plan	8	HMO
8	Pilgrim Health Care	8	HMO
9	United Health Plan of New England (Ocean State)	8	HMO
10	Pilgrim Advantage – PPO	E	PPO
11	Blue Care Elect	C	BCBS-MC
12	Invalid (replaced by #49)		
13	Community Health Plan Options (New York)	J	POS
14	Health New England Advantage POS	J	POS
15	Invalid (replaced by #158)		
16	Invalid (replaced by #172)		
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
19	Matthew Thornton	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
21	Commonwealth PPO	C	BCBS-MC
22	Aetna Open Choice PPO	D	COM-MC
23	Guardian Life Insurance Company PPO	D	COM-MC
24	Health New England, Inc	8	HMO
25	Pioneer Plan	8	HMO
26	Invalid (replaced by #75)		
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
28	Great West Life PPO	D	COM-MC
29	Invalid (replaced by #171 and 250)		
30	CIGNA (Indemnity)	7	COM

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NUMERICAL SOURCE OF PAYMENT LIST (Continued)

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
31	One Health Plan HMO (Great West Life)	D	COM-MC
32	Invalid (replaced by #157 and 158)		
33	Mutual of Omaha PPO	D	COM-MC
34	New York Life Care PPO	D	COM-MC
35	United Healthcare Insurance Company - HMO (New for 1997)	D	COM-MC
36	United Healthcare Insurance Company - PPO (New for 1997)	D	COM-MC
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
38	Health New England Select (self-funded)	8	HMO
39	Pilgrim Direct	8	HMO
40	Kaiser Foundation	8	HMO
41	Invalid (replaced by #157)		
42	ConnectiCare Of Massachusetts	8	HMO
43	MEDTAC	8	HMO
44	Community Health Plan	8	HMO
45	Health Source New Hampshire	8	HMO
46	Blue CHiP (BCBS Rhode Island)	8	HMO
47	Neighborhood Health Plan	8	HMO
48	US Healthcare	8	HMO
49	Healthsource CMHC Plus PPO	E	PPO
50	Blue Health Plan for Kids	6	BCBS
51	Aetna Life Insurance	7	COM
52	Boston Mutual Insurance	7	COM
53	Invalid (no replacement)		
54	Continental Assurance Insurance	7	COM
55	Guardian Life Insurance	7	COM
56	Hartford L&A Insurance	7	COM
57	John Hancock Life Insurance	7	COM
58	Liberty Life Insurance	7	COM
59	Lincoln National Insurance	7	COM
60	Invalid (replaced by #97)		
61	Invalid (replaced by #96)		
62	Mutual of Omaha Insurance	7	COM
63	New England Mutual Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM

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NUMERICAL SOURCE OF PAYMENT LIST (*Continued*)

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
65	Paul Revere Life Insurance	7	COM
66	Prudential Insurance	7	COM
67	First Allmerica Financial Life Insurance	7	COM
68	Invalid (replaced by #96)		
69	Corporate Health Insurance Liberty Plan	7	COM
70	Union Labor Life Insurance	7	COM
71	ADMAR	E	PPO
72	Healthsource New Hampshire	7	COM
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
74	United Healthcare Insurance Company (New for 1997)	7	COM
75	Prudential Healthcare HMO	D	COM-MC
76	Invalid (replaced by #270)		
77	Options for Healthcare PPO	E	PPO
78	Phoenix Preferred PPO	D	COM-MC
79	Pioneer Health Care PPO	E	PPO
80	Tufts Total Health Plan PPO	E	PPO
81	HMO Blue	C	BCBS-MC
82	John Hancock Preferred	D	COM-MC
83	US Healthcare Quality Network Choice- PPO	E	PPO
84	Private Healthcare Systems PPO	E	PPO
85	Liberty Mutual	7	COM
86	United Health & Life PPO (Subsidiary of United Health Plans of NE)	E	PPO
87	CIGNA PPO	D	COM-MC
88	Freedom Care	E	PPO
89	Great West/NE Care	7	COM
90	Healthsource Preferred (self-funded)	E	PPO
91	New England Benefits	7	COM
92	Invalid (replaced by # 84, 166, 184)		
93	Psychological Health Plan	E	PPO
94	Time Insurance Co	7	COM
95	Pilgrim Select - PPO	E	PPO
96	Metrahealth (United Health Care of NE)	7	COM

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NUMERICAL SOURCE OF PAYMENT LIST (Continued)

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
97	UniCare	7	COM
98	Healthy Start	9	FC
99	Other POS (not listed elsewhere) ***	J	POS
100	Transport Life Insurance	7	COM
101	Quarto Claims	7	COM
102	Wausau Insurance Company	7	COM
103	Medicaid	4	MCD
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
105	Invalid (replaced by #111)		
106	Medicaid Managed Care-Central Mass Health Care	B	MCD-MC
107	Medicaid Managed Care - Community Health Plan	B	MCD-MC
108	Medicaid Managed Care - Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care - Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care - Health New England	B	MCD-MC
111	Medicaid Managed Care - HMO Blue	B	MCD-MC
112	Medicaid Managed Care - Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care - Neighborhood Health Plan	B	MCD-MC
114	Medicaid Managed Care - United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
115	Medicaid Managed Care - Pilgrim Health Care	B	MCD-MC
116	Medicaid Managed Care-Tufts Associated Health Plan	B	MCD-MC
117	Invalid (no replacement)		
118	Medicaid Mental Health & Substance Abuse Plan - Mass Behavioral Health Partnership	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
120	Out-of-State Medicaid	5	GOV
121	Medicare	3	MCR
122	Invalid (replaced by #235)		
123	Invalid (no replacement)		
124	Invalid (replaced by #234)		
125	Medicare HMO - Fallon Senior Plan	F	MCR-MC
126	Invalid (replaced by #230)		
127	Medicare HMO - Health New England Medicare Wrap **	F	MCR-MC
128	Medicare HMO - HMO Blue for Seniors **	F	MCR-MC

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NUMERICAL SOURCE OF PAYMENT LIST (*Continued*)

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
129	Medicare HMO - Kaiser Medicare Plus Plan **	F	MCR-MC
130	Invalid (replaced by #232 and 233)		
131	Medicare HMO - Pilgrim Enhance 65 **	F	MCR-MC
132	Medicare HMO - Matthew Thornton Senior Plan	F	MCR-MC
133	Medicare HMO - Tufts Medicare Supplement (TMS)	F	MCR-MC
134	Medicare HMO - Other (not listed elsewhere) ***	F	MCR-MC
135	Out-of-State Medicare	3	MCR
136	BCBS Medex **	6	BCBS
137	AARP/Medigap supplement **	7	COM
138	Banker's Life and Casualty Insurance **	7	COM
139	Bankers Multiple Line **	7	COM
140	Combined Insurance Company of America **	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
142	Blue Cross Indemnity	6	BCBS
143	Free Care	9	FC
144	Other Government	5	GOV
145	Self-Pay	1	SP
146	Worker's Compensation	2	WOR
147	Other Commercial (not listed elsewhere) ***	7	COM
148	Other HMO (not listed elsewhere) ***	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
151	CHAMPUS	5	GOV
152	Foundation	0	OTH
153	Grant	0	OTH
154	BCBS Other (Not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (Not listed elsewhere)***	C	BCBS-MC
156	Out of state BCBS	6	BCBS
157	Metrahealth - PPO (United Health Care of NE)	D	COM-MC
158	Metrahealth - HMO (United Health Care of NE)	D	COM-MC
159	None (Valid only for Secondary Source of Payment)	N	NONE
160	Blue Choice (includes Healthflex Blue) - POS	C	BCBS-MC
161	Aetna Managed Choice POS	D	COM-MC
162	Great West Life POS	D	COM-MC

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NUMERICAL SOURCE OF PAYMENT LIST (Continued)

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
163	United Healthcare Insurance Company - POS (New for 1997)	D	COM-MC
164	Healthsource CMHC Plus POS	J	POS
165	Healthsource New Hampshire POS (self-funded)	J	POS
166	Private Healthcare Systems POS	J	POS
167	Fallon POS	J	POS
168	Reserved		
169	Kaiser Added Choice	J	POS
170	US Healthcare Quality POS	J	POS
171	CIGNA POS	D	COM-MC
172	Metrahealth - POS (United Health Care of NE)	D	COM-MC
173-180	Reserved		
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
182	UniCare Preferred Plus Managed Access EPO	D	COM-MC
183	Pioneer Health Care EPO	K	EPO
184	Private Healthcare Systems EPO	K	EPO
185 -198	Reserved		
199	Other EPO (not listed elsewhere) ***	K	EPO
200	Hartford Life Insurance Co **	7	COM
201	Mutual of Omaha **	7	COM
202	New York Life Insurance **	7	COM
203-209	Reserved		
210	Medicare HMO - Pilgrim Preferred 65 **	F	MCR-MC
211	Medicare HMO - Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
212	Medicare HMO - Healthsource CMHC Central Care Supplement **	F	MCR-MC
213 -219	Reserved		
220	Medicare HMO - Blue Care 65	F	MCR-MC
221	Medicare HMO - Harvard Community Health Plan 65	F	MCR-MC
222	Medicare HMO - Healthsource CMHC	F	MCR-MC
223	Medicare HMO - Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
224	Medicare HMO - Tufts Secure Horizons	F	MCR-MC

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NUMERICAL SOURCE OF PAYMENT LIST (*Continued*)

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
225	Medicare HMO - US Healthcare	F	MCR-MC
226-229	Reserved		
230	Medicare HMO - HCHP First Seniority	F	MCR-MC
231	Medicare HMO - Pilgrim Prime	F	MCR-MC
232	Medicare HMO - Seniorcare Direct	F	MCR-MC
233	Medicare HMO - Seniorcare Plus	F	MCR-MC
234	Medicare HMO - Managed Blue for Seniors	F	MCR-MC
235-249	Reserved		
250	CIGNA HMO	D	COM -MC
251	Healthsource CMHC HMO	8	HMO
252-269	Reserved		
270	UniCare Preferred Plus PPO	D	COM - MC

** Supplemental Payer Source

*** Please list under the specific carrier when possible.

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SUPPLEMENTAL PAYER SOURCES
USE AS SECONDARY PAYER SOURCE ONLY

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
127	Medicare HMO -Health New England Medicare Wrap	F	MCR-MC
128	Medicare HMO -HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO-Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO-Pilgrim Enhance 65	F	MCR-MC
133	Medicare HMO -Tufts Medicare Supplement (TMS)	F	MCR-MC
136	BCBS Medex	6	BCBS
137	AARP/Medigap Supplement	7	COM
138	Banker's Life and Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
140	Combined Insurance Company of America	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
200	Hartford Life Insurance co.	7	COM
201	Mutual of Omaha	7	COM
202	New York Life Insurance Company	7	COM
210	Medicare HMO-Pilgrim Preferred 65	F	MCR-MC
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
212	Medicare HMO - Healthsource CMHC Central Care Supplement	F	MCR-MC